PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Meghany Instrument Location Alleghany County Jail
Instrument S	Serial No. 008890 Sparta, N.C.
The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures we Department or	on the
STATION IN	
STATE STATE OF THE	WAR CARD
ARILIE OTE	Jan

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Certificate Number

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890 Test Date: 09/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:52pm 12:53pm 12:53pm 12:54pm 12:55pm
AIR BLK	.00	12:55pm
SUB TEST	٥٥ ،	12:57pm
AIR BLK	/ 00	12:58pm

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

ALLEGHANY COUNTY ALLEGHANY CO JAIL 020

Serial Number: 008890

Test Record Number: 549

Test Date: 09/16/2015

Test Time: 12:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:59pm 12:59pm
FC	Pass	1:00pm

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	1:00pm 1:00pm
DET	Pass	1:00pm
BAR BT	Pass Pass	1:00pm 1:00pm
	Tabb	T:OODIII

Blank Tests

Test	Status	Time
		<i>:</i>
AIR	Pass	1:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:00pm
	CRC Tests	

Test	Status	Time

COMP	Pass	1:01pm
CAL	Pass	1:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD

County As	Instrument Loca	tion Ashe County Jail
Instrument Ser	ial No. <u>008849</u>	Jefferson, N.C.
The preventive four months are	maintenance procedures for the Intoximeters, Model I	ntox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or 34 degrees, plus or minus .2 degree centigrade;	the alcoholic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sai	mple;
7.	When "PLEASE BLOW" appears, collect breath sai	mple;
8.	Print test record;	
9	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed simulator solution is being changed every four month whichever occurs first.	before expiration date, or the alcoholic breath as or after 125 Alcoholic Breath Simulator tests,
I certify that on procedures were Department of H	theday of	the forgoing preventive maintenance dance with current regulations of the N.C. toning properly.
A HERON MALID SEA HERON MALID	S S S S S S S S S S S S S S S S S S S	16
	Signature of Certifying Off	icial Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849 Test Date: 09/16/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:17am 11:17am 11:18am 11:19am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST	.00	11:22am
ATR BLK	.00	11.23am

Reported AC:

00 A/210I

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

ASHE COUNTY ASHE COUNTY JAIL 040

Serial Number: 008849

Test Record Number: 937

Test Date: 09/16/2015

Test Time: 11:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:24am
FLO	Pass	11:24am
FC	Pass	11:24am

Temperature Tests

Test	Status	Time
FC1	Pass	11:24am
SRC	Pass	11:24am
DET	Pass	11:24am
BAR	Pass	11:24am
BT	Pass	11:24am

Blank Tests

Test	Status	Time	
AIR	Pass	11:25am	

Printer Tests

PRNT Pass 11:25am	n

CRC Tests

Test	Status	Time
COMP	Pass	11:25am
CAL	Pass	11:25am

Preventive Maintenance Status: Pass

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B	Panfort Instrument Location Be Mayon Tolice Depl
Instrument S	Belhaven, N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 30 day of 50 tember 20 /5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF STA	CAROLLA CAROLL
· Committee	Signature of Certifying Official Certificate Number
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928 Test Date: 09/30/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG400603 Exp Date: 01/06/2016

1696	9/2101	TIME
DIAG	Pass	10:17am
AIR BLK	.00	10:18am
ACCY CHK	.08	10:18am
AIR BLK	.00	10:19am
SUB TEST	۵00	10:20am
AIR BLK	.00	10:21am
SUB TEST	.00	10:22am
AIR BLK	.00	10:23am

Reported AC: .00 gs/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY BELHAVEN PD 060

Serial Number: 008928

Test Record Number: 280

Test Date: 09/30/2015

Test Time: 10:24am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:24am
FLO	Pass	10:24am
FC	Pass	10:25am

Temperature Tests

Test	Status	Time
FC1	Pass	10:25am
SRC	Pass	10:25am
DET	Pass	10:25am
BAR	Pass	10:25am
BT	Pass	10:25am

Blank Tests

Test	Status	Time
7 TD	ממכת	10.25am

Printer Tests

Test	Status	Time
PRNT	Pass	10:25am
	CRC Tests	

Test	Status	Time
COMP	Pass	10:25am
CAL	Pass	10:25am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

-	INTOXIMI	ETERS, MODI	EL INTOX EC	'IR II
County 1	early t	Instrument 1	Location <u>Reak</u>	fort 6. Court
Instrument S	Serial No. <u>() </u>	2 102 E	and Sty	Washington, a
The preventi	ve maintenance procedures for are:	the Intoximeters, Mo	del Intox EC/IR II to b	pe followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus			ath simulator thermometer shows
2.	Verify instrument display	s time and date;		
3.	Initiate breath test sequen	ce;		
4.	Enter information as pron	npted;		
5.	Verify instrument accurac	у;		
6.	When "PLEASE BLOW"	appears, collect brea	th sample;	
7.	When "PLEASE BLOW"	appears, collect brea	th sample;	
8.	Print test record;			W.
9.	Verify Diagnostic Program	n; and		
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being char changed every four n	nged before expiration nonths or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that oprocedures w Department o	on theday of ere performed on the instrumer f Health and Human Services,	nt Indicated above, in a	accordance with currer	rgoing preventive maintenance nt regulations of the N.C.
THE STATE OF THE S	O NO CAROLINIA	V. l. A. K		((()
		Signature of Certifyin	g Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586 Test Date: 09/01/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	10:05am 10:05am 10:06am 10:07am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am
SUB TEST	.00	10:10am
AIR BLK	.00	10:11am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008586

Test Record Number: 1164

Test Date: 09/01/2015

Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:13am
FLO	Pass	10:13am
FC	Pass	10:13am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	10:13am 10:13am 10:13am
BAR	Pass	10:13am
BT	Pass	10:13am

Blank Tests

Test	Status	Time
AIR	Pass	10:14am

Printer Tests

rest	Status	Time
PRNT	Pass	10:14am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:14am 10:14am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record: 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. day of September, 20/5 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.

Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909 Test Date: 09/01/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

rest	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.08	9:43am
AIR BLK	.00	9:45am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:48am
AIR BLK	.00	9:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BEAUFORT COUNTY COURTHOUSE 060

Serial Number: 008909

Test Record Number: 2280

Test Date: 09/01/2015

Test Time: 9:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51am
FLO	Pass	9:51am
FC	Pass	9:51am

Temperature Tests

Status	Time
Pass	9:51am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time

AIR Pass 9:51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

CRC Tests

Test	Status	Time
COMP	Pass	9:52am
CAL	Pass	9:52am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETE	RS, MODEL INTOX EC	KIR II
County /	16 den	Instrument Location 5/4	der Court
Instrument Seri	al No. <u>00 8894</u>	Shards.s	9/1 (en)
The preventive four months are	maintenance procedures for the In	ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic brogree centigrade;	eath simulator thermometer show
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	· !	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration ged every four months or after 125 A	n date, or the alcoholic breath lcoholic Breath Simulator tests,
I certify that on t procedures were Department of H	performed on the instrument indi	the forcated above, in accordance with current is functioning properly.	ent regulations of the N.C.
THE STATE OF NO.	Signs	ture of Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Date: 09/17/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	2:28pm
AIR BLK	.00	2:29pm
ACCY CHK	.08	2:30pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm
SUB TEST	.00	2:34pm
AIR BLK	.00	2:35pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008894 Test Test Date: 09/17/2015 Test

Test Record Number: 732 Test Time: 2:36pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:36pm
FLO	Pass	2:36pm
FC	Pass	2:36pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:37pm
SRC	Pass	2:37pm
DET	Pass	2:37pm
BAR	Pass	2:37pm
BT	Pass	2:37pm

Blank Tests

Test	Status	Time
AIR	Pass	2:37pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:37pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:37pm 2:37pm

Preventive Maintenance Status: Pass

Analyst

- Verify instrument displays time and date;
- 3. Initiate breath test sequence;
- 4. Enter information as prompted;
- 5. Verify instrument accuracy;
- 6. When "PLEASE BLOW" appears, collect breath sample;
- 7. When "PLEASE BLOW" appears, collect breath sample;
- Print test record;
- 9. Verify Diagnostic Program; and
- 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.

I certify that on the day of d



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818 Test Date: 09/17/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	3:02pm
AIR BLK	.00	3:03pm
ACCY CHK	.07	3:04pm
AIR BLK	.00	3:05pm
SUB TEST	.00	3:06pm
AIR BLK	.00	3:06pm
SUB TEST	.00	3:08pm
AIR BLK	.00	3:09pm

Reported AC: .00 q/21-0L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

BLADEN COUNTY BLADEN COUNTY SD 080

Serial Number: 008818

Test Record Number: 1119

Test Date: 09/17/2015

Test Time: 3:10pm EDT

System Check: Passed

Baseline Tests

Test	St atus	Time
IR FLO	Pass Pass	3:10pm 3:10pm
FC	Pass	3:10pm

Temperature Tests

Test	St atus	Time
FC1	Pass	3:10pm
SRC	Pass	3:10pm
DET	Pass	3:10pm
BAR	Pass	3:10pm
BT	Pass	3:10pm

Blank Tests

Test	Status	Time
AIR	Pass	3:11pm

Printer Tests

St atus	Time
Pass	3:11pm
CRC Tests	
	Pass

Test	St atus	Time
COMP	Pass	3:11pm
CAL	Pass	3:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTUATMETERS, MODEL INTUX EC/IR II
County	Brunswick Instrument Location OAK IS/Gnc
	Serial No. 008648 Police Dept
-	
The prevent	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on theday of
STATE STATE OF THE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Date: 09/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:18pm 12:19pm 12:19pm 12:20pm 12:21pm
AIR BLK SUB TEST	.00	12:22pm 12:23pm
ATR BIK	.00	12:24pm

Reported AC:

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY OAK ISLAND PD 090

Serial Number: 008648 Test Record Number: 1359
Test Date: 09/15/2015 Test Time: 12:24pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:25pm 12:25pm
FC	Pass	12:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:25pm
SRC	Pass	12:25pm
DET	Pass	12:25pm
BAR	Pass	12:25pm
BT	Pass	12:25pm

Blank Tests

Test	Status	Time
AIR	Pass	12:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:26pm

CRC Tests

Test	Status	Time
COMP	Pass	12:26pm
CAL	Pass	12:26pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County	GRUNSWICK Instrument Location Brunch
Instrument S	erial No. 00B602 County Sheriff Depo
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Date: 09/15/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

rest	9/2101	Time
DIAG	Pass	10:01am
AIR BLK	.00	10:02am
ACCY CHK	.08	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:05am
SUB TEST	.00	10:07am
AIR BLK	.00	10:08am

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Analyst

Rev. 12/2007

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008602 Test Record Number: 3295 Test Date: 09/15/2015 Test Time: 10:10am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
117		
IR	Pass	10:10am
FLO	Pass	10:10am
FС	Pass	10:10am

Temperature Tests

Test	Status	Time
FC1	Pass	10:11am
SRC	Pass	10:11am
DET	Pass	10:11am
BAR	Pass	10:11am
BT	Pass	10:11am

Blank Tests

Test	Status	Time
AIR	Pass	10:11am

Printer Tests

Test	Status	Time
PRNT	Pass	10:11am
	CRC Tests	e en
Test	Status	Time
COMP	Pass	10:11am

10:11am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD

	INTOXIMETERS, MODEL INTOX EC/IR II
County	BRUNSWICK Instrument Location Brunswick
Instrument S	Gerial No. 008585 County Sheriff Def
•	
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the
THE STATE STATE	



Signature of Certifying Official

Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BRUNSWICK COUNTY BRUNSWICK CO SD 090

Serial Number: 008585 Test Date: 09/15/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:00am 10:01am 10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analysi

BRUNSWICK COUNTY BRUNSWICK CO SD 090 1 1 1 1

Serial Number: 008585 Test Record Number: 3249
Test Date: 09/15/2015 Test Time: 10:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:09am 10:09am
FLO		*
FC	Pass	10:10am

Temperature Tests

Test	Status	Time
FC1	Pass	10:10am
SRC	Pass	10:10am
DET	Pass	10:10am
BAR	Pass :	10:10am
BT	Pass	10:10am

Blank Tests

Test	Status	Time
AIR	Pass	10:10am

Printer Tests

Test	Status	Time
PRNT	Pass	10:10am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:10am 10:10am

Preventive Maintenance Status: Pass

Jack Modern

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County_	Brunswick Instrument Location Sunset Beach
Instrumer	t Serial No. 008874 Police Dept.
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	nat on the
CAREAT SET	ATE OF NO.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

BRUNSWICK COUNTY SUNSET BEACH PD 090%

Serial Number: 008874 Test Date: 09/15/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	8:48am 8:49am
ACCY CHK	.08	8:49am
AIR BLK	.00	8:51am
SUB TEST	.00	8:51am
AIR BLK	.00	8:52am
SUB TEST	.00	8:54am
AIR BLK	.00	8:54am

Signature of Chemical Analyst

Court CVR

BRUNSWICK COUNTY SUNSET BEACH PD 090

Serial Number: 008874

Test Record Number: 461

Test Date: 09/15/2015

Test Time: 8:55am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:55am
FLO	Pass	8:55am
FC	Pass	8:55am

Temperature Tests

Test	Status	Time
FC1 SRC DET	Pass Pass Pass	8:55am 8:55am 8:55am
BAR	Pass	8:55am
BT	Pass	8:55am

Blank Tests

Test	Status	Time
AIR	Pass	8:56am

Printer Tests

Test	Status	Time
PRNT	Pass	8:56am
	CRC Tests	
Test	Status	Time

8:56am

8:56am

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 3	Uncombe Instrument Location Buncombe Co. Jail
Instrument S	erial No. OO8798 Asheville, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the day of
STATE STATE OF STATE STATE OF STATE	649
	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Date: 09/02/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	2:48pm
AIR BLK	.00	2:48pm
ACCY CHK	.08	2:49pm
AIR B L K	.00	2:50pm
SUB TEST	.00	2:51pm
AIR BLK	.00	2:52pm
SUB TEST	.00	2:53pm
AIR BLK	.00	2:54pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BUNCOMBE COUNTY BUNCOMBE COUNTY JAIL 100

Serial Number: 008798 Test Record Number: 3501

Test Date: 09/02/2015 Test Time: 2:55pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:55pm
FLO	Pass	2:55pm
FC	Pass	2:55pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:55pm
SRC	Pass	2:55pm
DET	Pass	2:55pm
BAR	Pass	2:55pm
BT	Pass	2:55pm

Blank Tests

Test	Status	Time
AIR	Pass	2:56pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:56pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:56pm

2:56pm

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County B_{ℓ}	Instrument Location Burke - Co	atawba Jail
Instrument S	Serial No. <u>008904</u> <u>Morgan ton</u>	, NC
The prevention four months	rive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be follows are:	ved at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simu 34 degrees, plus or minus .2 degree centigrade;	lator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	•
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or simulator solution is being changed every four months or after 125 Alcoholic whichever occurs first.	
I certify that of procedures w Department of	on the <u>28</u> day of <u>September</u> , 20/5 the forgoing powere performed on the instrument indicated above, in accordance with current regulator of Health and Human Services, and the instrument is functioning properly.	preventive maintenance ations of the N.C.
THE STATE OF THE S	E O NO PLANTE CAROLLE STATE OF THE STATE OF	h49
	Signature of Certifying Official C	Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904 Test Date: 09/28/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective: 05/01/2015-05/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	5:10pm 5:10pm 5:11pm 5:12pm 5:13pm
AIR BLK	.00	5:13pm
SUB TEST	.00	5:15pm
AIR BLK	.00	5:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008904

Test Record Number: 1701

Test Date: 09/28/2015

Test Time: 5:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:17pm 5:17pm
FC	Pass Pass	5:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:17pm
SRC	Pass	5:17pm
DET	Pass	5:17pm
BAR	Pass	5:17pm
BT	Pass	5:17pm

Blank Tests

Test	Status	Time
AIR	Pass	5:18pm

Printer Tests

PRNT Pass 5:18pm

CRC Tests

Test	Status	Time
COMP	Pass	5:18pm
CAL	Pass	5:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		eks, Model in fox ec/ii	
County 6	ike	Instrument Location BUIKe .	
Instrument Ser	rial No. <u>00863/</u>	Morgan	ton, NC
The preventive four months ar		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 c	er displays pressure, or the alcoholic breath degree centigrade;	simulator thermometer show
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas casimulator solution is being ch whichever occurs first.	nister is being changed before expiration d anged every four months or after 125 Alco	ate, or the alcoholic breath bholic Breath Simulator tests,
I certify that or procedures we Department of	n the <u>28</u> day of <u>52</u> re performed on the instrument in Health and Human Services, and	the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
STATE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFF	Sign	gnature of Certifying Official	Certificate Number

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831 Test Date: 09/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:22pm 5:23pm
ACCY CHK	.08	5:23pm 5:24pm
AIR BLK SUB TEST	.00 .00	5:24pm
AIR BLK	.00	5:26pm
SUB TEST	.00	5:27pm
AIR BLK	.00	5:28pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

BURKE COUNTY BURKE-CATAWBA JAIL 110

Serial Number: 008831

Test Record Number: 1570

Test Date: 09/28/2015

Test Time: 5:29pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:29pm
FLO	Pass	5:29pm
FC	Pass	5:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:29pm
SRC	Pass	5:29pm
DET	Pass	5:29pm
BAR	Pass	5:29pm
\mathtt{BT}	Pass	5:29pm

Blank Tests

.ss 5:3	mq0
	ss 5:3

Printer Tests

Test	Status	Time
PRNT	Pass	5:30pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	5:30pm
CAL	Pass	5:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: 1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	County	aldwell Instrument Location Caldwell Co. Jail
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	Instrument S	Serial No. <u>008719</u> <u>Lenoir</u> , NC
1. Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the SO day of Section 2. 20 15 the forgoing preventive maintenance procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.		
3. Initiate breath test sequence; 4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	1.	
4. Enter information as prompted; 5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	2.	Verify instrument displays time and date;
5. Verify instrument accuracy; 6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	3.	Initiate breath test sequence;
6. When "PLEASE BLOW" appears, collect breath sample; 7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	4.	Enter information as prompted;
7. When "PLEASE BLOW" appears, collect breath sample; 8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	5.	Verify instrument accuracy;
8. Print test record; 9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	6.	When "PLEASE BLOW" appears, collect breath sample;
9. Verify Diagnostic Program; and 10. Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. 1 certify that on the	7.	When "PLEASE BLOW" appears, collect breath sample;
Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	8.	Print test record;
simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. I certify that on the	9.	Verify Diagnostic Program; and
procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.	10.	simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests,
TOTAL PORT OF CHANNESS AND STATE	procedures w	vere performed on the instrument indicated above, in accordance with current regulations of the N.C.
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WE NOMBTHE OF CONTINUES CONTINUES CONTINUES	WANTED THE PROPERTY OF THE PRO	Signature of Certifying Official Certificate Number

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719 Test Date: 09/30/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	4:08pm
AIR BLK	.00	4:09pm
ACCY CHK	07	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:11pm
AIR BLK	.00	4:12pm
SUB TEST	.00	4:14pm
AIR BLK	.00	4:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008719

Test Record Number: 1907

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:15pm
FLO	Pass	4:15pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time

AIR 4:16pm Pass

Printer Tests

Test	Status	Time
PRNT	Pass	4:16pm

CRC Tests

Test	Status	Time
COMP	Pass	4:16pm
CAL	Pass	4:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County <u>Cald</u>		
Instrument Seria	al No. 008803 Legoir, NC	
The preventive refour months are:	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:	****
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	W
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	٠,
procedures were	the <u>SO</u> day of <u>September</u> , 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	е
THE STATE OF NO.	Signature of Certifying Official Certificate/Number	

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803 Test Date: 09/30/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

177 a. a. da

Test	9/2101	Time
DIAG	Pass	4:01pm
AIR BLK	.00	4:02pm
ACCY CHK	.07	4:03pm
AIR BLK	.00	4:04pm
SUB TEST	.00	4:05pm
AIR BLK	.00	4:06pm
SUB TEST	.00	4:07pm
AIR BLK	.00	4:08pm

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Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

CALDWELL COUNTY CALDWELL COUNTY JAIL 130

Serial Number: 008803

Test Record Number: 440

Test Date: 09/30/2015

Test Time: 4:09pm EDT.

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:09pm 4:09pm
FC	Pass	4:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:09pm
SRC	Pass	4:09pm
DET	Pass	4:09pm
BAR	Pass	4:09pm
BT	Pass	4:09pm

Blank Tests

Test	Status	Time
ΛTD	Dacc	4 · 10mm

Printer Tests

Test	Status	Time
PRNT	Pass	4:10pm

CRC Tests

Test	Status	Time
COMP	Pass	4:10pm
CAL	Pass	4:10pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Car	nden Instrument Location Ganden Co. S.O.
Instrument Seri	ial No. 008940 1/3 thuy 343, Canden, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 39 day of September, 20/5 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	10:46am 10:46am 10:47am 10:48am 10:49am 10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi Analysi

CAMDEN COUNTY CAMDEN CO SO 140

Serial Number: 008940

Test Record Number: 747

Test Date: 09/29/2015

Test Time: 10:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:53am 10:53am
FC	Pass	10:53am

Temperature Tests

Test	Status	Time
FC1	Pass	10:53am
SRC	Pass	10:53am
DET	Pass	10:53am
BAR	Pass	10:53am
BT	Pass	10:53am

Blank Tests

Test	Status	Time

AIR Pass 10:54am

Printer Tests

Test	Status	Time

PRNT Pass 10:54am

CRC Tests

Test	Status	Time

COMP Pass 10:54am CAL Pass 10:54am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret	Instrument Location_EMERA	Ld Isle AD
Instrumer	nt Serial No. <u>008640</u>		
The preve		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer shows
2.	Verify instrument displays tir	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	e.
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	inister is being changed before expiration of anged every four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify the procedure Departme	s were performed on the instrument in	the formula of the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
see on s	TATE or		
S S S S S S S S S S S S S S S S S S S	TO T	nelsEHall	354
	Si	gnature of Certifying Official	Certificate Number

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	1:36pm
AIR BLK	.00	1:36pm
ACCY CHK	.08	1:37pm
AIR BLK	.00	1:38pm
SUB TEST	.00	1:39pm
AIR BLK	0.0	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Half

CARTERET COUNTY EMERALD ISLE PD 150

Serial Number: 008620

Test Record Number: 1749

Test Date: 09/09/2015

Test Time: 1:43pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:43pm
FLO	Pass	1:43pm
FC	Pass	1:44pm

Temperature Tests

FC1 Pass 1:44p SRC Pass 1:44p DET Pass 1:44p BAR Pass 1:44p BT Pass 1:44p	om om om

Blank Tests

Test	Status	Time
	100 miles	
ATR	Pass	1:44pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:44pm

CRC Tests

Test	Status	Time
COMP	Pass	1:45pm
CAL	Pass	1:45pm

Preventive Maintenance Status: Pass

Karl E-Half
Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cr	arteret	Instrument Location_CARtes	et County
Instrument Ser	rial No. <u>00 5889</u>	SHERIFF'S OFFICE	
The preventive four months are		toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath tree centigrade;	n simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed before expiration d ged every four months or after 125 Alco	ate, or the alcoholic breath pholic Breath Simulator tests,
procedures wer	e performed on the instrument indic	the forgotted above, in accordance with current e instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	AO TO COLOR	09 E HID	· 7.54

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Date: 09/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:31am 11:32am 11:32am
AIR BLK SUB TEST	.00 .00	11:34am 11:34am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:37am

Reported AC: 100 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half
Analyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008882 Test Record Number: 1304
Test Date: 09/10/2015 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Test Status	
IR Pass FLO Pass	11:38am 11:38am
FC Pass	11:39am

Temperature Tests

Test	Status	Time
FC1	Pass	11:39am
SRC	Pass	11:39am
DET	Pass	11:39am
BAR	Pass	11:39am
BT	Pass	11:39am

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Status

Test

	•	
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:39am 11:39am

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	LARTERET Instrument Location Morch	end City AS
Instrumen	t Serial No. 0087.31	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be ns are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breat 34 degrees, plus or minus .2 degree centigrade;	h simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 Alc whichever occurs first.	
procedures	at on the <u>/</u> day of <u>September</u> , 20 <u>/</u> 5 the for were performed on the instrument/indicated above, in accordance with current of Health and Human Services, and the instrument is functioning properly.	going preventive maintenance t regulations of the N.C.
OREAL SECTION OF THE	CAROL	
* ESE QUA	Signature of Certifying Official	Cartificate Number

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731 Test Date: 09/10/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	12:22pm 12:23pm 12:23pm 12:24pm
SUB TEST	.00	12:24pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:27pm
AIR BLK	.00	12:28pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

CARTERET COUNTY MOREHEAD CITY PD 150

Serial Number: 008731

Test Record Number: 1717

Test Date: 09/10/2015

Test Time: 12:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:29pm
FLO	Pass	12:29pm
FC	Pass	12:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:29pm
SRC	Pass	12:29pm
DET	Pass	12:29pm
BAR.	Pass	12:2 9pm
BT	Pass	12:2 9p m

Blank Tests

Test	Status	Time
:		
AIR	Pass	12:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:30pm

CRC Tests

Test	Status	Time
COMP	Pass	12:30pm
CAL	Pass	12:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CARteret Instrument Location Atlantic Beach P.
Instrumer	t Serial No
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
procedure	at on the <u>lo</u> day of <u>Septembert</u> , 20 <u>/5</u> the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. at of Health and Human Services, and the instrument is functioning properly.
	ATE of Vog
THE COLUMN TWO IS NOT	Signature of Certifying Official Certificate Number

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785 Test Date: 09/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:57pm 12:58pm
ACCY CHK	.07	12:59pm
AIR BLK	.00	1:00pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm
SUB TEST	.00	1:03pm
AIR BLK	.00	1:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CARTERET COUNTY ATLANTIC BEACH PD 150

Serial Number: 008785

Test Record Number: 843

Test Date: 09/10/2015

Test Time: 1:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	1:04pm
FLO	Pass	1:04pm
FC	Pass	1:04pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:04pm
SRC	Pass	1:04pm
DET	Pass	1:04pm
BAR	Pass	1:04pm
BT	Pass	1:04pm

Blank Tests

Test	Status	Time
AIR	Pass	1:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:05pm
	CRC Tests	
Test	Status	Time

COMP	Pass	1:05pm
CAL	Pass	1:05pm

Preventive Maintenance Status: Pass

Rand E-Half
Adalyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ARTERET	Instrument Location CARTER	ct County
Instrument Se	erial No. <u>008605</u>	SHORIFF'S OFFI	ice.
The preventive four months a		eximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	splays pressure, or the alcoholic breatlee centigrade;	n simulator thermometer shows
2.	Verify instrument displays time a	nd date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	s, collect breath sample;	
7.	When "PLEASE BLOW" appear	s, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		er is being changed before expiration of ed every four months or after 125 Alco	
	n the <u>/O</u> day of <u>Seat</u> re performed on the instrument indica Health and Human Services, and the	the forg ted above, in accordance with current instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF THE S	Can.	27EH200	354
	Signatu	re of Certifying Official	Certificaté Number

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605 Test Date: 09/10/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	11:32am 11:33am 11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:36am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Availyst

CARTERET COUNTY CARTERET COUNTY SD 150

Serial Number: 008605

Test Record Number: 3359

Test Date: 09/10/2015

Test Time: 11:39am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:39am
FLO	Pass	11:39am
FC	Pass	11:39am

Temperature Tests

Status	Time
Pass	11:39am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:40am

Printer Tests

Test

Status

Time

PRNT	Pass	11:40am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:40am 11:40am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CO	Hawba Instrument Location Catawba County SD
Instrument So	erial No. 008687 Instrument Location Catawas County SD 100B Southwest Blvd. Newton
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 17th day of September, 2015 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	CAROLIN CAROLI

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Record Number: 2118
Test Date: 09/17/2015 Test Time: 8:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:49am
FLO	Pass	8:49am
FC	Pass	8:49am

Temperature Tests

Test	Status	Time
FC1	Pass	8:50am
SRC	Pass	8:50am
DET	Pass	8:50am
BAR	Pass	8:50am
BT	Pass	8:50am

Blank Tests

Test	Status	Time	
		- 5% P	,
		1.4	

AIR Pass 8:51am

Printer Tests

Test	Status	Time

PRNT Pass 8:51am

CRC Tests

Test Status Time

COMP Pass 8:51am Pass 8:51am

Preventive Maintenance Status: Pass

Analyst

CATAWBA COUNTY CATAWBA COUNTY SD 170

Serial Number: 008687 Test Date: 09/17/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	-	g/210L	Time
	Ø.		
DIAG	3	Pass	8:54am
AIR	BLK	.00	8:55am
ACCY	CHK	.08	8:55am
AIR	BLK	.00	8:56am
SUB	TEST	.00	8:57am
AIR	BLK	.00	8:58am
SUB	TEST	.00	9:00am
ATR	BIK	.00	9 · 0 0 a m

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ch	howan Instrument Location Chowan Co. Kublic S	cfo
Instrument S	Serial No. 008895 305W. Freemason St., Edento	1
The preventi	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once even as are:	егу
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer s 34 degrees, plus or minus .2 degree centigrade;	shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breat simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator te whichever occurs first.	
I certify that procedures w Department of	t on the	ınce
CREATE STATE OF THE STATE OF TH	Tologo Color	

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895 Test Date: 09/17/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG	Pass	10:54am
AIR BLK	0 0	10:55am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:57am
AIR BLK	.00	10:58am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CHOWAN COUNTY PUBLIC SAFETY CENTER 200

Serial Number: 008895

Test Record Number: 678

Test Date: 09/17/2015

Test Time: 11:03am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:03am 11:03am
FC	Pass	11:03am

Temperature Tests

Status	Time
Pass	11:04am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:04am

Printer Tests

Test	Status	Time
4.		*
PRNT	Pass	11:04am

CRC Tests

Test	Status	TIME
COMP	Pass	11:04am
CAL	Pass	11:04am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II Instrument Location The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; 2. Verify instrument displays time and date; 3. Initiate breath test sequence; 4. Enter information as prompted; Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. 7. When "PLEASE BLOW" appears, collect breath sample; **8**. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 09/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	8:38am 8:39am
ACCY CHK	.07	8:39am
AIR BLK	.00	8:40am
SUB TEST	.00	8:41am
AIR BLK	.00	8:42am
SUB TEST	.00	8:43am
AIR BLK	.00	8:44am

Signature of Chemical Analyst

Court CVR

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008875 Test Date: 09/17/2015 Test Record Number: 1589

15 Test Time: 8:47am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:47am
FLO	Pass	8:47am
FC	Pass	8:48am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	8:48am 8:48am
DET	Pass	8:48am
BAR	Pass	8:48am
\mathtt{BT}	Pass	8:48am

Blank Tests

Test	Status	Time
AIR	Pass	8:48am

Printer Tests

Test	Status	Time
PRNT	Pass	8:48am

CRC Tests

Test	Status	Time
COMP	Pass	8:48am
CAL	Pass	8:48am

Preventive Maintenance Status: Pass

K.C. Magle

PREVENTIVE MAINTENANCE RECORD

1	INTOXIMETERS, MODEL INTOX EC/IR JI
County (0)	lumbas Instrument Location of ambas County
Instrument Seria	11 No. 008886 Sheriff Dept.
The preventive i	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	heday of
THE STATE OF NO TOTAL PARTY OF THE PARTY OF	Signature of Certifying Official Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Date: 09/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	8:42am 8:43am 8:44am 8:45am 8:45am
AIR BLK	.00	8:46am
SUB TEST	.00	8:47am
AIR BLK	.00	8:48am

Reported AC:

9/2/210L

Signature of Chemical Analyst

Court CVR

Analyst

COLUMBUS COUNTY COLUMBUS COUNTY SD 230

Serial Number: 008886 Test Record Number: 1121 Test Date: 09/17/2015 Test Time: 8:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:52am
FLO	Pass	8:52am
FC	Pass	8:52am

Temperature Tests

Test	Status	Time
FC1	Pass	8:53am
SRC	Pass	8:53am
DET	Pass	8:53am
BAR	Pass	8:53am
BT	Pass	8:53am

Blank Tests

Test	Status	Time
AIR	Pass	8:53am

Printer Tests

Test	Status	ттше
PRNT	Pass	8:53am

CRC Tests

Test	Status	Time
COMP	Pass	8:53am
CAL	Pass	8:53am

Preventive Maintenance Status: Pass

K.C. Mach

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CRAVEN Instrument Location HAUCHOCK AS
Instrument	Serial No. OO8800
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Departmen	at on the
ALE GIVE SET	Race of E Hall 354
	Signature of Contifying Official Contificate Number

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/10/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:50pm 1:51pm 1:51pm 1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E Holf

CRAVEN COUNTY HAVELOCK PD 240

Serial Number: 008800 Test Date: 09/10/2015

Test Record Number: 976 Test Time: 1:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:00pm 2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:00pm
SRC	Pass	2:00pm
DET	Pass	2:00pm
BAR	Pass	2:00pm
BT	Pass	2:00pm

Blank Tests

Test	Status	Time
ATR	Pass	2:00pm

Printer Tests

Test.	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time

2:01pm

2:01pm

Pass Preventive Maintenance Status: Pass

Pass

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County CR	AVEN Instrument Location MCAS CHERRY POINT
Instrument Seria	al No. 010819 PMO
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
. 10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he day of squeeze, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
O'ME STATE OF NOT	Signature of Certifying Official Certificate Number

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Date: 09/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

g/210L Time Test DIAG Pass 2:23pm AIR BLK .00 2:24pm ACCY CHK .07 2:24pmAIR BLK .00 2:25pm SUB TEST .00 2:26pm 2:27pm AIR BLK .00 SUB TEST .00 2:28pm AIR BLK .00 2:29pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half Analyst

CRAVEN COUNTY MCAS CHERRY POINT 240

Serial Number: 010819 Test Record Number: 437 Test Date: 09/10/2015 Test Time: 2:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:31pm
SRC	Pass	2:31pm
DET	Pass	2:31pm
BAR	Pass	2:31pm
BT	Pass	2:31pm

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

maat

CAL

rest	Status	TIME
PRNT	Pass	2:32pm
	CRC Tests	
Test	Status	Time
COMP	Pass	2:32pm

2:32pm

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CRAVEN	Instrument Location New	BeRN AD
Instrumer	nt Serial No. <u>0088/7</u>		
The preve		Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic brodegree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and ·	
10.		nister is being changed before expiration anged every four months or after 125 A	
		Stember, 20/5 the folicated above, in accordance with current the instrument is functioning properly	
THE GREAT SECTION OF THE CONTRACT OF THE CONTR	A CONTROL OF THE PROPERTY OF T	untifice of Certifying Official	Certificate Number

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817 Test Date: 09/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:14pm
ACCY CHK	.07	3:15pm
AIR BLK	.00	3:16pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:18pm
SUB TEST	.00	3:19pm
ATR BLK	0.0	$3 \cdot 20 \text{nm}$

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CRAVEN COUNTY NEW BERN PD 240

Serial Number: 008817

Test Record Number: 1135

Test Date: 09/10/2015

Test Time: 3:21pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:21pm
FLO	Pass	3:21pm
FC	Pass	3:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:21pm
SRC	Pass	3:21pm
DET	Pass	3:21pm
BAR	Pass	3:21pm
BT	Pass	3:21pm

Blank Tests

Test	Status	Time
AIR	Pass	3:22pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:22pm
	CRC Tests	
	a	

Test	Status	Time
COMP	Pass	3:22pm
CAL	Pass	3:22pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	RAVEN	Instrument Location	CRAVEN	County
Instrument Se	rial No. <u>60 8732</u>	SHERIFFS	OFFICE	· · ·
The preventiv	e maintenance procedures for the In	toximeters, Model Intox	EC/IR II to be follo	wed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg		alcoholic breath sim	ulator thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appears, collect breath sample;			
7.	When "PLEASE BLOW" appe	ars, collect breath sample	e;	
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.			
I certify that or procedures we Department of	n the day of	cated above, in accordance instrument is functioni	the forgoing ce with current regung properly.	preventive maintenance lations of the N.C.
STATE ON STATE OF STA	CAROLLI CAROLL	reof Hol	0	354
	Signa	ture of Certifying Offici	ai	Certificate Number

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732 Test Date: 09/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:52pm 3:52pm 3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:54pm
AIR BLK	.00	3:55pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC:, .00 g/210L

Signature of Chemical Analyst

Court CVR

Rands E-Half
Analyst

CRAVEN COUNTY CRAVEN COUNTY SD 240

Serial Number: 008732

Test Record Number: 1508

Test Date: 09/10/2015

Test Time: 4:07pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:08pm
FLO	Pass	4:08pm
FC	Pass	4:08pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:08pm
SRC	Pass	4:08pm
DET	Pass	4:08pm
BAR	Pass	4:08pm
BT ·	Pass	4:08pm

Blank Tests

Test	Status	Time
ATR	Pass	4:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:09pm

CRC Tests

Test	Status	Time
COMP	Pass	4:09pm
CAL	Pass	4:09pm

Preventive Maintenance Status: Pass

> Karls E-Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Cur	M BERLAND Instrument Location Con 367 CAN	D Co DETENTION
Instrument Seri	al No. OO 8672 PAYETTUILE N.C.	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be for	llowed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath s 34 degrees, plus or minus .2 degree centigrade;	imulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration dat simulator solution is being changed every four months or after 125 Alcoh whichever occurs first.	e, or the alcoholic breath olic Breath Simulator tests,
I certify that on procedures were Department of I	the <u>day of Schrender</u> 20 5 the forgo e performed on the instrument indicated above, in accordance with current relealth and Human Services, and the instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
THE STATE OF THE S		652
•	Signature of Certifying Official	Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Date: 09/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

g/210L	Time
Pass .00	1:31pm 1:32pm 1:32pm
.00	1:33pm
.00	1:34pm
.00	1:35pm
.00	1:36pm
.00	1:37pm
	Pass .00 .08 .00 .00 .00 .00 .00

Reported AC: .00 g 210L

Signature of Chemical Analyst

Court CVR

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008672 Test Record Number: 4626 Test Date: 09/22/2015 Test Time: 1:45pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:46pm
FLO	Pass	1:46pm
FC	Pass	1:46pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:46pm
SRC	Pass	1:46pm
DET	Pass	1:46pm
BAR	Pass	1:46pm
BT	Pass	1:46pm

Blank Tests

Test	Status	Time
AIR	Pass	1:47pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:47pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:47pm

Preventive Maintenance Status: Pass

Pass

1:47pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	CMBERLAND Instrument Location COMBERLAND CO. DETERTIL
Ŭ	Instrument Location Cambracan Co. DETERTICE erial No. 008632 FAGETT EN 118 N.C.
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures v	on the day of SEPTEMBEN_, 20 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE STATE OF THE CAREAT S	CAROLL

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632 Test Date: 09/22/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	1:26pm 1:27pm 1:28pm 1:28pm 1:29pm 1:30pm
SUB TEST	.00	1:32pm
AIR BLK	.00	1:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008632

Test Record Number: 3404

Test Date: 09/22/2015

Test Time: 1:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Status	Time
Pass	1:35pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

1:36pm

1:36pm

COMP

CAL

Analyet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	CUMBERLAND Instrument Location Comberland Co Descriptor Con
Instrumer	Serial No. OD 8633 Faytheville, NC
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	at on theday of
CONTRACTOR OF STATE O	- In the second of the second
	Signature of Certifying Official Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008633 Test Date: 09/22/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:27pm 1:28pm
ACCY CHK	.07	1:28pm
AIR BLK	.00	1:30pm
SUB TEST	.00	1:30pm
AIR BLK	.00	1:31pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JAnalyst Resell

CUMBERLAND COUNTY DETENTION CENTER 250

Test Record Number: 3481 Serial Number: 008633 Test Date: 09/22/2015

Test Time: 1:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:35pm
FLO	Pass	1:35pm
FC	Pass	1:35pm

Temperature Tests

Test	, Status	Time
FC1	Pass	1:35pm
SRC	Pass	1:35pm
DET	Pass	1:35pm
BAR	Pass	1:35pm
BT	Pass	1:35pm

Blank Tests

Test	Status	Time
AIR	Pass	1:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:36pm
CAL	Pass	1:36pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Cumaracants	Instrument Location Comberta	NO Co. DOTANTON CO
Instrument	t Serial No. <u>008614</u>	Farptheville, 1	VC
The prevent four months	ntive maintenance procedures for the Incis are:	toximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breat gree centigrade;	h simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration of ged every four months or after 125 Alcohol.	
	at on the <u>22</u> day of <u>56</u> were performed on the instrument indic t of Health and Human Services, and th		going preventive maintenance regulations of the N.C.
STATE INTO THE STATE OF THE STA	NE OF NO PLANTS		
APRIL 12. B	Signa	Ture of Certifying Official	37/ Certificate Number

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614 Test Date: 09/22/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:29pm 1:30pm
ACCY CHK	.07	1:31pm
AIR BLK	.00	1:32pm
SUB TEST	.00	1:33pm
AIR BLK	.00	1:34pm
SUB TEST	.00	1:36pm
AIR BLK	.00	1:36pm

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

1 /d Suns

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

CUMBERLAND COUNTY DETENTION CENTER 250

Serial Number: 008614

Test Record Number: 3128

Test Date: 09/22/2015

Test Time: 1:44pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:45pm
FLO	Pass	1:45pm
FC	Pass	1:45pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:45pm
SRC	Pass	1:45pm
DET	Pass	1:45pm
BAR	Pass .	1:45pm
BT	Pass	1:45pm

Blank Tests

Test	Status	Time
AIR	Pass	1:46pm

Printer Tests

Status	Time
Pass	1:46pm
CRC Tests	
Status	Time
	Pass CRC Tests

1:46pm

1:46pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ALC	Instrument Lo	cation WACE (0	· Vetention Ct
al No. 004804	1044	Driftwood	Dr., Manter
	Intoximeters, Mode	el Intox EC/IR II to be fol	lowed at least once every
		or the alcoholic breath sin	mulator thermometer shows
Verify instrument displays tin	ne and date;		
Initiate breath test sequence;			
Enter information as prompte	ed;		
Verify instrument accuracy;			
When "PLEASE BLOW" ap	pears, collect breath	sample;	
When "PLEASE BLOW" ap	pears, collect breath	sample;	
Print test record;			
Verify Diagnostic Program; a	and		·
performed on the instrument in	ndicated above, in a	cordance with current reg	ng preventive maintenance gulations of the N.C.
CAROUNIA CAR	da. Lea	at la karrane	Certificate Number
1	maintenance procedures for the : Verify the ethanol gas caniste 34 degrees, plus or minus .2 de	maintenance procedures for the Intoximeters, Mode: Verify the ethanol gas canister displays pressure, 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath When "PLEASE BLOW" appears, collect breath Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being change simulator solution is being changed every four me whichever occurs first.	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fol: Verify the ethanol gas canister displays pressure, or the alcoholic breath sin 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; Initiate breath test sequence; Enter information as prompted; Verify instrument accuracy; When "PLEASE BLOW" appears, collect breath sample; When "PLEASE BLOW" appears, collect breath sample; Print test record; Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date simulator solution is being changed every four months or after 125 Alcoho whichever occurs first.

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:47pm 1:48pm
ACCY CHK	.07	1:48pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:55pm
ATR BLK	. 00	1:56pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008804

Test Record Number: 1580

Test Date: 09/25/2015

Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
ATR	Pass	1:59pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:59pm

CRC Tests

Test	Status	Time
COMP	Pass	2:00pm
CAL	Pass	2:00pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ale	Instrument Location DAGE L	o. Detantion C
Instrument Se	erial No. <u>DO 8783</u>	1044 Pristwoop	Dr., Marres, A
The preventiv		Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 o	er displays pressure, or the alcoholic breat degree centigrade;	th simulator thermometer shows
2.	Verify instrument displays tir	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	nd	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	nister is being changed before expiration anged every four months or after 125 Alo	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that of procedures we Department of	ere performed on the instrument in	the for dicated above, in accordance with currer I the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
SEE ALL STATES OF THE SEE ALL	NO.		
SECTION AND ASSESSED.	Si _l	gnature of Certifying Official	Certificate Number

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, LINDA A

Permit Number: 11646E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:49pm 1:50pm
ACCY CHK	.08	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:53pm
AIR BLK	.00	1:54pm
SUB TEST	.00	1:56pm
AIR BLK	.00	1:57pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

DARE COUNTY DARE CO DETENTION CE 270

Serial Number: 008783

Test Record Number: 580

Test Date: 09/25/2015 Test Time: 1:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:58pm
FLO	Pass	1:58pm
FC	Pass	1:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:59pm
SRC	Pass	1:59pm
DET	Pass	1:59pm
BAR	Pass	1:59pm
BT	Pass	1:59pm

Blank Tests

Test	Status	Time
AIR	Pass	1:59pm

Printer Tests

rest	Status	Time
PRNT	Pass	1:59pm
	CRC Tests	

Test	Status	Time
COMP	Pass	1:59pm
CAL	Pass	1:59pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	AVIDSON Instrument Location DAVIDSON CO JAIL
Instrument S	erial No. 008845 Lexington, N.C.
The prevention	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1,	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures w	on the 29 day of 5e p (mbe) 20 5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
OR O	

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845 Test Date: 09/29/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	3:51pm 3:52pm 3:53pm
AIR BLK	.00	3:54pm
SUB TEST	.00	3:55pm
AIR BLK	.00	3:56pm
SUB TEST	.00	3:57pm
AIR BLK	.00	3:58pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

A. Lein Son

DAVIDSON COUNTY DAVIDSON CO JAIL 280

Serial Number: 008845

Test Record Number: 2072

Test Date: 09/29/2015

Test Time: 3:59pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:59pm
FLO	Pass	3:59pm
FC	Pass	3:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:59pm
SRC	Pass	3:59pm
DET	Pass	3:59pm
BAR	Pass	3:59pm
BT	Pass	3:59pm

Blank Tests

Test	Status	Time
ATR	Pass	4:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:00pm

CRC Tests

Test	Status	Time
COMP	Pass	4:00pm
CAL	Pass	4:00pm

Preventive Maintenance Status: Pass

X Lein Lew Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

Carried Services	INTOXIME	TERS, MODEL INTOX EC	1
County	Vidson	Instrument Location	UNGTON .
Instrument Ser	ial No. <u>008</u> 883	Police	Epartment_
 V <u>. 14. – 14. – 1</u>			
The preventive four months ar		the Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic bre 2 degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	ee;	
4.	Enter information as prom	pted;	
5.	Verify instrument accurac	y;	
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	n; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 A	n date, or the alcoholic breath alcoholic Breath Simulator tests
I certify that or procedures we Department of	re performed on the instrumer	the findicated above, in accordance with currend the instrument is functioning properly	ent regulations of the N.C.
OTHE STATE OF THE	Note: A Control of the Control of th	Leon Lean Signature of Certifying Official	Certificate Number

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective: 05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:14pm
AIR BLK	.00	3:15pm
ACCY CHK	.08	3:15pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:18pm
AIR BLK	.00	3:19pm
SUB TEST	.00	3:20pm
ATR BLK	. 00	3:21pm

.00 g/210L Reported AC:

Court CVR

DAVIDSON COUNTY LEXINGTON PD 280

Serial Number: 008883

Test Record Number: 1488

Test Date: 09/29/2015

Test Time: 3:22pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:22pm
FC FLO		3:22pm
FC	Pass	3:22pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:22pm
SRC	Pass	3:22pm
DET	Pass	3:22pm
BAR	Pass	3:22pm
BT	Pass	3:22pm

Blank Tests

Test	Status	Time
AIR	Pass	3:23pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:23pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:23pm

Pass

3:23pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	Avidson	s, MODEL INTOX EC/II	Asville
Instrument Se	200QM0	Instrument Location 1 NOM	Artment
The preventive four months a	e maintenance procedures for the Intoxre:	cimeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath e centigrade;	simulator thermometer show
2.	Verify instrument displays time an	d date;	
3.	Initiate breath test sequence;	A STATE OF THE STA	
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears	, collect breath sample;	
7.	When "PLEASE BLOW" appears	, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration do levery four months or after 125 Alcohole	
procedures we	n the 2 day of 5 day of 1 day	ed above, in accordance with current:	oing preventive maintenance regulations of the N.C.
THE QUANTIES OF THE STATE OF TH	NO PER CANONICA CONTRACTOR OF THE CANONICA CONTR		642
	Signatur	e of Certifying Official	Certificate Number

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:27pm 2:28pm
ACCY CHK	.07	2:28pm 2:29pm
AIR BLK SUB TEST	.00	2:29pm
AIR BLK	.00	2:31pm
SUB TEST	.00	2:32pm
AIR BLK	.00	2:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

X Seen Clan
Analyst

DAVIDSON COUNTY THOMASVILLE PD 280

Serial Number: 008872

Test Record Number: 1203

Test Date: 09/29/2015

Test Time: 2:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:34pm 2:34pm
FC	Pass	2:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:34pm
SRC	Pass	2:34pm
DET	Pass	2:34pm
BAR	Pass	2:34pm
BT	Pass	2:34pm

Blank Tests

Test	Status	Time
AIR	Pass	2:35pm

Printer Tests

CRC Tests

Test	Status	Time
COMP	Pass	2:35pm
CAL	Pass	2:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Dusim	Instrument Location_	BAT NOBILE	in the
Instrument S	erial No. <u>~ 4948</u>		Durston	
·				
The preventi	ve maintenance procedures for the In	toximeters, Model Intox l	EC/IR II to be followed	at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, or the a	lcoholic breath simulato	r thermometer show
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample;		
7.	When "PLEASE BLOW" appear	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed befor ged every four months or	re expiration date, or the after 125 Alcoholic Brea	alcoholic breath ath Simulator tests,
procedures we	on theday of ere performed on the instrument indic f Health and Human Services, and the	cated above, in accordance	e with current regulation	entive maintenance as of the N.C.
STATE OF THE STATE	NO AROUND CAROLINA			
ADE OTAM ADA		0 6-11119		630
	Signat	ure of Certifying Official	Certif	icate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008968

Test Record Number: 94 Test Date: 09/05/2015 Test Time: 10:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:23pm
FLO	Pass	10:23pm
FC	Pass	10:23pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:23pm
SRC	Pass	10:23pm
DET	Pass	10:23pm
BAR	Pass	10:23pm
BT	Pass	10:23pm

Blank Tests

Test	Status	Time

10:24pm AIR Pass

Printer Tests

Test	Status	Time
PRNT	Pass	10:24pm

CRC Tests

Test	Status	Time
COMP	Pass Pass	10:24pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008968 Test Date: 09/05/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00 .00 .00	10:12pm 10:13pm 10:14pm 10:15pm 10:15pm 10:16pm 10:18pm 10:19pm
AIR BLK	.00	10:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Durtlan	Instrument Location [Sat 1110]	Bile ling #
Instrument	Serial No. <u>00897/</u>	Diert,	Aen
The prevent		toximeters, Model Intox EC/IR II to be f	followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	lisplays pressure, or the alcoholic breath gree centigrade;	simulator thermometer show
2.	Verify instrument displays time	and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	÷	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appear	ars, collect breath sample;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		ter is being changed before expiration da ged every four months or after 125 Alcoh	
	on theday of were performed on the instrument indic of Health and Human Services, and th	cated above, in accordance with current re instrument is functioning properly.	ing preventive maintenance egulations of the N.C.
TALE STATE S	Se Se	G Contifying Official	GS (

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008971

Test Record Number: 77

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:01pm
FLO	Pass	11:01pm
FC	Pass	11:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:01pm
SRC	Pass	11:01pm
DET	Pass	11:01pm
BAR	Pass	11:01pm
BT	Pass	11:01pm

Blank Tests

Test	Status	rine
AIR	Pass	11:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:02pm

CRC Tests

Test	Status	Time
COMP	Pass	11:02pm
CAL	Pass	11:02pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008971 Test Date: 09/05/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	10:48pm 10:49pm 10:50pm
AIR BLK	.00	10:51pm
SUB TEST	.00	10:51pm
AIR BLK	.00	10:52pm
SUB TEST	.00	10:54pm
AIR BLK	.00	10:55pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	DURHAMI Instrument Location Bat WIDBI CELLIN, T IT 7
Instrument	Serial No. 0089 72 Dun Ham
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedures Departmen	at on theday of
A STAND STAN	Signature of Cartificing Official Contificate Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008972 Test Record Number: 130 Test Date: 09/05/2015 Test Time: 10:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:17pm
FLO	Pass	10:17pm
FC	Pass	10:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:18pm
SRC	Pass	10:18pm
DET	Pass	10:18pm
BAR	Pass	10:18pm
BT	Pass	10:18pm

Blank Tests

Test	Status	Time
AIR	Pass	10:18pm

Printer Tests

rest	Status	TIME
PRNT	Pass	10:18pm

CRC Tests

Test	Status	Time
COMP	Pass	10:18pm
CAL	Pass	10:18pm

Preventive Maintenance Status: Pass

Analyst

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008972 Test Date: 09/05/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08 .00	10:10pm 10:10pm 10:11pm 10:12pm
SUB TEST	.00	10:12pm
AIR BLK	.00	10:13pm
SUB TEST	.00	10:15pm
AIR BLK	.00	10:16pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	DURHAMI Instrument Location But MOBILE	led it
Instrumer	nent Serial No. OD 8973 Dun Hour	
The preve	eventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at leanths are:	ast once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator the 34 degrees, plus or minus .2 degree centigrade;	ermometer shows
2.	2. Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	Simulator tests,
I certify the procedure Departme	that on the	ve maintenance f the N.C.
GREAT ET	COLLAN VIOLETTE COLLAN VIOLETT	te Number

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008973

Test Record Number: 86

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:53pm
FLO	Pass	10:53pm
FC	Pass	10:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:53pm
SRC	Pass	10:53pm
DET	Pass	10:53pm
BAR	Pass	10:53pm
BT	Pass	10:53pm

Blank Tests

Test	Status	Time

10:54pm AIR Pass

Printer Tests

Test	Status	Time

PRNT 10:54pm Pass

CRC Tests

Test	Status	Time
------	--------	------

COMP Pass 10:54pm CALPass 10:54pm

Preventive Maintenance Status: Pass

DURHAM COUNTY BAT MOBILE UNIT 7 310

Serial Number: 008973 Test Date: 09/05/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	10:34pm 10:35pm 10:36pm 10:37pm 10:38pm 10:39pm 10:40pm
AIR BLK	.00	10:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE	RS, MODEL INTOX E	C/ 11 X 11
County FRA	NKLIN	Instrument Location FRAN	RLINTON PD
Instrument Ser	rial No. <u>0088/5</u>	47 W. MASON ST.	FRANKLINTON, N
The preventive four months ar	•	ntoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic b gree centigrade;	reath simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	ears, collect breath sample;	
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiratinged every four months or after 125	
I certify that or procedures we Department of	re performed on the instrument ind	TEMBER, 20 / 5 the licated above, in accordance with cu he instrument is functioning properl	rrent regulations of the N.C.
STATE OF STA	ACOUNT CAROLIN		
ARR. 12. THE CLAM VIOLA	•	D Antible ature of Certifying Official	Certificate Number
	8-		

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Date: 09/02/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102

Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:51am 10:52am 10:52am 10:53am 10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

FRANKLIN COUNTY FRANKLINTON PD 340

Serial Number: 008815 Test Record Number: 982 Test Date: 09/02/2015 Test Time: 10:59am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59am
FLO	Pass	10:59am
FC	Pass	10:59am

Temperature Tests

Test	Status	Time
FC1	Pass	10:59am
SRC	Pass	10:59am
DET	Pass	10:59am
BAR	Pass	10:59am
BT	Pass	10:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:00am

Printer Tests

Test

PRNT	Pass	11:00am
	CRC Tests	
Test	Status	Time

Status

Time

COMP	Pass	11:00am
CAL	Pass	11:00am

Preventive Maintenance Status: Pass

Anaivst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

·	NKLIN					
Instrument Seria	al No. <u>008933</u>	285 T	KEMP	RO	Louise	BURG NC
The preventive i	maintenance procedures for the	Intoximeters, Mo	del Intox EC/	IR II to be	followed at le	ast once every
1.	Verify the ethanol gas canisted 34 degrees, plus or minus .2 d		e, or the alcol	nolic breath	ı simulator the	ermometer show
2.	Verify instrument displays tim	e and date;				
3.	Initiate breath test sequence;					
4.	Enter information as prompted	l;				
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" app	ears, collect brea	th sample;			
7.	When "PLEASE BLOW" app	ears, collect brea	th sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; ar	nd				
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.					
procedures were	the day of	dicated above, in	accordance w	vith current	oing preventi regulations o	ve maintenance f the N.C.
a samula de la companya del companya de la companya del companya de la companya d	•					
STATE ON A STATE OF A	OS:H CAROLL	· · · · · · · · · · · · · · · · · · ·				
* ASE QUAN VIDEA *	12A Sig	/ / / / / nature of Certifyi	mg Official			Z / Z te Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Date: 09/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	4:54pm
AIR BLK	.00	4:55pm
ACCY CHK	.07	4:55pm
AIR BLK	0 0	4:56pm
SUB TEST	.00	4:57pm
AIR BLK	.00	4:57pm
SUB TEST	.00	4:59pm
AIR BLK	.00	5:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analys

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008933 Test Record Number: 728
Test Date: 09/01/2015 Test Time: 5:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	5:03pm 5:03pm
FC	Pass	5:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:03pm
SRC	Pass	5:03pm
DET	Pass	5:03pm
BAR	Pass	5:03pm
BT	Pass	5:03pm

Blank Tests

Test	Status	Time
AIR	Pass	5:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:04pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:04pm
CAL	Pass	5:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

•	RANKLIN	Instrument Location FRANA	KUN G. JAIL
Instrument S	erial No. <u>008942</u>	Z85 T KEMPRD	LouisBurg, N
The prevention four months		intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic broegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tim	e and date;	
3.	Initiate breath test sequence;	•	
4.	Enter information as prompted	!	. T
5 ,	Verify instrument accuracy;	•	
6.	When "PLEASE BLOW" app	ears, collect breath sample;	v.
7.	When "PLEASE BLOW" app	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; an	d	
10.		ister is being changed before expiration nged every four months or after 125 A	
procedures we	ere performed on the instrument inc	the ficated above, in accordance with curriche instrument is functioning properly.	ent regulations of the N.C.
STATE STATE	O NO PARTIE OF THE PARTIE OF T		
ON MAIN SEASON	سبب مساممر (مم	s 2 Amids	677
	Sign	ature of Certifying Official	Certificate Number

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942 Test Date: 09/01/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D
Permit Number: 8937E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	4:32pm 4:33pm
ACCY CHK	.08	4:34pm
AIR BLK	.00	4:34pm
SUB TEST	.00	4:35pm
AIR BLK	.00	4:36pm
SUB TEST	.00	4:37pm
ATR BLK	. 0.0	4:38pm

Reported AC: ..00 g/210L

Signature of Chemical Analyst

Court CVR

Angive

Analyst

FRANKLIN COUNTY FRANKLIN CO. JAIL 340

Serial Number: 008942

Test Record Number: 891

Test Date: 09/01/2015

Test Time: 4:41pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:41pm 4:41pm
FC	Pass	4:42pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:42pm
SRC	Pass	4:42pm
DET	Pass	4:42pm
BAR	Pass	4:42pm
BT	Pass	4:42pm

Blank Tests

Test	Status	Time
AIR	Pass	4:42pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:42pm
	CRC Tests	
Test	Status	Time

COMP Pass 4:42pm CAL Pass 4:42pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ره.	INTOAIME	LERS, MODEL INTOX EC	
County	1951on	Instrument Location Gash	on County S.D
Instrument S	erial No. <u>00 8643</u>	425 N. Marieta.	SI., Gastania
The prevention four months		ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic be 2 degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;	;	
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		canister is being changed before expiration changed every four months or after 125.	
	ere performed on the instrument	indicated above, in accordance with cur and the instrument is functioning properly	rent regulations of the N.C.
THE STATE OF THE S	"/ON	Signature of Certifying Official	656 Certificate Number

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Record Number: 2272 Test Date: 09/10/2015 Test Time: 10:17am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass	10:18am 10:18am
FILO	Pass	TO:Toam
FC	Pass	10:18am

Temperature Tests

Test	Status	Time
FC1	Pass	10:18am
SRC	Pass	10:18am
DET	Pass	10:18am
BAR	Pass	10:18am
$\mathtt{B}\mathbf{T}$	Pass	10:18am

Blank Tests

Test	Status	Time
AIR	Pass	10:19am

Printer Tests

Test	Status	Time
PRNT	Pass	10:19am

CRC Tests

Test	Status	Time
COMP	Pass	10:19am
CAL	Pass	10:19am

Preventive Maintenance Status: Pass

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008643 Test Date: 09/10/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test		g/210L	Time
DIAG		Pass	10:22am
AIR	BLK	.00	10:23am
ACCY	CHK	.07	10:23am
AIR	BLK	.00	10:24am
SUB '	TEST	.00	10:25am
AIR :	\mathtt{BLK}	.00	10:26am
SUB '	TEST	.00	10:27am
ATR 1	BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Gree	ene Instrument Location Gypene Co. 5.0.
Instrument Seria	INO. 008670 301 N. Greene St., Snow Hill,
The preventive n four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	ne day of September, 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
STATE O'NO TWO STATE O'N TW	Zel M () 643
	Signature of Certifying Official Certificate Number

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Date: 09/16/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass .00	9:46am 9:47am
ACCY CHK	.08	9:47am
AIR BLK	.00	9:49am
SUB TEST	.00	9:49am
AIR BLK	.00	9:50am
SUB TEST	.00	9:51am
AIR BLK	.00	9:52am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Hell Manalyst Analyst

GREENE COUNTY GREENE CO SO 390

Serial Number: 008670 Test Record Number: 1524
Test Date: 09/16/2015 Test Time: 9:53am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:53am
FLO	Pass	9:53am
FC	Pass	9:54am

Temperature Tests

Test	Status	Time
FC1	Pass	9:54am
SRC	Pass	9:54am
DET	Pass	9:54am
BAR	Pass	9:54am
\mathtt{BT}	Pass	9:54am

Blank Tests

Test	Status	Time
AIR	Pass	9:54am

Printer Tests

Test	Status	Time
PRNT	Pass	9:54am
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:55am 9:55am

Preventive Maintenance Status: Pass

Anaīvst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	villord Instrument Location HIGH Point JAIL
Instrument Serie	al No. <u>008655</u>
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 29 day of 5 enterples, 20/5 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF A PART IS DEPARTED IN THE STATE OF A PART IN THE STATE OF A	Scarcific of Gordificial Continues Number

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	12:35pm
AIR BLK ACCY CHK	.00	12:35pm 12:36pm
AIR BLK	.00	12:37pm
SUB TEST	.00	12:38pm
AIR BLK	.00	12:39pm
SUB TEST	.00	12:40pm
ATR BLK	. 00	12:41pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

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Analysi

GUILFORD COUNTY HIGH POINT JAIL 401

Serial Number: 008655

Test Record Number: 2803

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:42pm
FLO	Pass	12:42pm
FC	Pass	12:42pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR	Pass Pass Pass Pass	12:43pm 12:43pm 12:43pm 12:43pm
BT	Pass	12:43pm

Blank Tests

Test	Status	Time
AIR	Pass	12:43pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:43pm

CRC Tests

Test.	Status	Time
COMP	Pass	12:43pm
CAL	Pass	12:43pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	viltord	Instrument Location	4.200 200 200 200	JAil
Instrument S	Gerial No. <u>008790</u>			
The prevention four months a	•	the Intoximeters, Model Intox EC/II	R II to be followed at l	east once every
1.	Verify the ethanol gas cani 34 degrees, plus or minus .	ister displays pressure, or the alcoho 2 degree centigrade;	olic breath simulator th	nermometer shows
2.	Verify instrument displays	time and date;		
3.	Initiate breath test sequence	e;		
4.	Enter information as promp	pted;		
5.	Verify instrument accuracy	<i>'</i> ;		
6.	When "PLEASE BLOW"	appears, collect breath sample;		
7.	When "PLEASE BLOW"	appears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program	; and		
10.		canister is being changed before exchanged every four months or after		
procedures w	ere performed on the instrument	t indicated above, in accordance with and the instrument is functioning pro	th current regulations of	ive maintenance of the N.C.
SE CREATE STATE OF THE STATE OF		Signature of Certifying Official	V Certific	2 ate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

mit Number: 11390E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00	11:19am 11:20am 11:21am 11:22am 11:23am
SUB TEST	.00	11:24am
AIR BLK	.00	11:24am
		2 J CALLI

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008790

Test Record Number: 5218

Test Date: 09/25/2015

Test Time: 11:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:27am

Temperature Tests

Test	Status	Time
FC1	Pass	11:27am
SRC	Pass	11:27am
DET	Pass	11:27am
BAR	Pass	11:27am
\mathtt{BT}	Pass	11:27am

Blank Tests

Test	Status	Time
AIR	Pass	11:27am

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am

CRC Tests

Test	Status	Time
COMP	Pass	11:27am
CAL	Pass	11:27am

Preventive Maintenance Status: Pass

En esperante de la companya de la c

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (INTOXIMETERS, MODEL INTOX ECTR II SUI HORD Instrument Location GREENS DORO JAIL
Instrument Se	erial No. 008896
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the <u>025</u> day of <u>september</u> , 20/5 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE STATE OF THE	ON TOUR LAND AND A STATE OF THE
Water Street	Signature of Certifying Official Certificate Number
The state of the s	Signature of Certifying Official Certificate Number

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Date: 09/25/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:50am 10:51am 10:52am
AIR BLK	.00	10:53am
SUB TEST	.00	10:54am
AIR BLK	.00	10:55am
SUB TEST	.00	10:56am
AIR BLK	.00	10:57am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008896 Test Record Number: 854
Test Date: 09/25/2015 Test Time: 10:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:58am
FLO	Pass	10:58am
FC	Pass	10:58am

Temperature Tests

Test	Status	Time
FC1	Pass	10:58am
SRC	Pass	10:58am
DET	Pass	10:58am
BAR	Pass	10:58am
BT	Pass	10:58am

Blank Tests

Test	Status	Time
AIR	Pass	10:59am

Printer Tests

Status

Time

10:59am

Test

CAL

PRNT	Pass	10:59am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:59am

Preventive Maintenance Status: Pass

Pass

L. Kuin Sean

第四个中国网络中国企会,全国国际联系基础的基础。第12章,一直2015。

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

The prevent four months	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followe are:	ed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simula 34 degrees, plus or minus .2 degree centigrade;	ator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	62
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the simulator solution is being changed every four months or after 125 Alcoholic Branchever occurs first.	he alcoholic breath reath Simulator tests,
procedures w	on the day of <u>Scart Model</u> , 20 15 the forgoing preserve performed on the instrument indicated above, in accordance with current regulation of Health and Human Services, and the instrument is functioning properly.	eventive maintenance ons of the N.C.

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794 Test Date: 09/25/2015

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K
Permit Number: 11598E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	10:25am
AIR BLK	.00	10:26am
ACCY CHK	.08	10:26am
AIR BLK	.00	10:27am
SUB TEST	.00	10:28am
AIR BLK	.00	10:29am
SUB TEST	.00	10:30am
AIR BLK	.00	10:31am

Reported AC: .00 q/210L

Signature of Chemical Analyst

Court CVR

Analysi Analysi

GUILFORD COUNTY GREENSBORO JAIL 400

Serial Number: 008794

Test Record Number: 4448

Test Date: 09/25/2015

Test Time: 10:32am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:32am 10:32am
FC	Pass	10:32am

Temperature Tests

Test	Status	Time
FC1	Pass	10:32am
SRC	Pass	10:32am
DET	Pass	10:32am
BAR	Pass	10:32am
BT	Pass	10:32am

Blank Tests

Test	Status	Time
AIR	Pass	10:33am

Printer Tests

Test	Status	Time
PRNT	Pass	10:33am

CRC Tests

Test	Status	Time
COMP	Pass	10:33am
CAL	Pass	10:33am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	-LARNETT	Instrument Location DUMN	BLICE DEPT.
Instrument Ser	rial No. <u>00 8644</u>	DUNN, NC	
·			
The preventive four months ar		toximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic brea gree centigrade;	th simulator thermometer show
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		•
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	•
8.	Print test record;		
9.	Verify Diagnostic Program; and	i	
10.	Verify that the ethanol gas canis simulator solution is being chan whichever occurs first.	ster is being changed before expiration aged every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify that or procedures we Department of	re performed on the instrument ind	TEMBER, 20 /5 the fo icated above, in accordance with current he instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OREAL STATE OF THE	ZAOUM CAROUM		
CIDE QUAM VIDE		17 1 mosell	371
	Sign	ature of Certifying Official	Certificate Number

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 09/04/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	12:40pm 12:41pm
ACCY CHK	.08	12:41pm
AIR BLK	.00	12:42pm
SUB TEST	.00	12:43pm
AIR BLK	.00	12:44pm
SUB TEST	.00	12:45pm
ATR BLK	0.0	12.46pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

HARNETT COUNTY DUNN POLICE DEPT. 420

Serial Number: 008644 Test Date: 09/04/2015 Test Record Number: 1151
Test Time: 12:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:47pm
FLO	Pass	12:47pm
FC	Pass	12:47pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:47pm
SRC	Pass	12:47pm
DET	Pass	12:47pm
BAR	Pass	12:47pm
BT	Pass	12:47pm

Blank Tests

Test	Status	Time
AIR	Pass	12:48pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:48pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:48pm 12:48pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT CO. DET CTR
Instrume	nt Serial No. OO 8729 Lillington W.C.
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedure	hat on the <u>A</u> day of <u>SEPERIZE</u> , 20 15 the forgoing preventive maintenance as were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
SE CREATER CONTROL	CARE OLO ARD CARD LIVE TO ARD
All Control of the Co	Signature of Certifying Official Certificate Number
	() Digitation of College and

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	1:52pm
AIR BLK	.00	1:53pm
ACCY CHK	.08	1:54pm
AIR BLK	.00	1:55pm
SUB TEST	.00	1:55pm
AIR BLK	.00	1:56pm
SUB TEST	.00	1:58pm
ATR BLK	. 0.0	1:59pm

Reported AC; .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008729 Test Record Number: 1992 Test Date: 09/29/2015 Test Time: 2:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:00pm
FLO	Pass	2:00pm
FC	Pass	2:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:01pm
SRC	Pass	2:01pm
DET	Pass	2:01pm
BAR	Pass	2:01pm
BT	Pass	2:01pm

Blank Tests

Test	Status	Time
AIR	Pass	2:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:01pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	2:01pm 2:01pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HARNETT In	strument Location + 12 PUE	m 6.Det an
Instrument S	erial No. <u>00</u> 8730	LILINGTON A	٥.(
The preventi-	ve maintenance procedures for the Intoxim	eters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister display 34 degrees, plus or minus .2 degree co	ys pressure, or the alcoholic breadentigrade;	th simulator thermometer show
2.	Verify instrument displays time and d	ate;	
3,	Initiate breath test sequence;		
4.	Enter information as prompted;		
5 A	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, co	ollect breath sample;	
7.	When "PLEASE BLOW" appears, co	ellect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		<u> 1</u>
10.	Verify that the ethanol gas canister is a simulator solution is being changed ev whichever occurs first.	peing changed before expiration of erry four months or after 125 Alc	date, or the alcoholic breath oholic Breath Simulator tests,
I certify that of procedures we Department of	n the day of SEPTE re performed on the instrument indicated a Health and Human Services, and the instr	the formation to the formation in accordance with current rument is functioning properly.	going preventive maintenance t regulations of the N.C.
OTHE STATE OF THE PROPERTY OF	A CAROLLINA		
QUAM VIDE		1	10-

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Date: 09/29/2015

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	1:47pm 1:49pm
ACCY CHK	.07	1:49pm
AIR BLK	.00	1:50pm
SUB TEST	.00	1:51pm
AIR BLK	.00	1:52pm
SUB TEST	.00	1:54pm
AIR BLK	.00	1:55pm

Reported AC: ... 00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Ahalyst

Rev. 12/2007

HARNETT COUNTY DETENTION CENTER 420

Serial Number: 008730 Test Record Number: 2389
Test Date: 09/29/2015 Test Time: 1:56pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:56pm 1:56pm
FC	Pass	1:56pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:56pm
SRC	Pass	1:56pm
DET	Pass	1:56pm
BAR	Pass	1:56pm
\mathtt{BT}	Pass	1:56pm

Blank Tests

Test	Status	Time
AIR	Pass	1:57pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:57pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:57pm 1:57pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 4/a	ywood	Instrument Location <u>Haywa</u>	ood Co. Jail
Instrument Se	rial No. <u>////////////////////////////////////</u>	Waynesville, No	
The preventiv		Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays tin	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	pears, collect breath sample;	
7.	When "PLEASE BLOW" ap	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nister is being changed before expirate anged every four months or after 125	
I certify that or procedures we Department of	n the 24 day of 52 re performed on the instrument in Health and Human Services, and	the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
STATE OF STA	Signal Si	R. Cath	Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714 Test Date: 09/24/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	12:55pm 12:56pm 12:56pm
AIR BLK	.00	12:57pm
SUB TEST	.00	12:58pm
AIR BLK	.00	12:59pm
SUB TEST	.00	1:00pm
AIR BLK	.00	1:01pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008714

Test Record Number: 1298

Test Date: 09/24/2015

Test Time: 1:03pm EDT

System Check: Passed

Baseline Tests

us Time
1:03pm 1:03pm 1:03pm

Temperature Tests

Test	Status	Time
FC1.	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
BT	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:04pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:04pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:04pm

Preventive Maintenance Status: Pass

Pass

1:04pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ha	instrument Location Hay wood Co. Jail
Instrument S	erial No. 008712 Waynesville, NC
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that opposed ures we Department c	on the <u>24</u> day of <u>September</u> , 20 <u>/5</u> the forgoing preventive maintenance rere performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
TATE IN TO CHE TO THE T	
Walling The Control of the Control o	Signature of Certifying Official Certificate Number

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 09/24/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8457E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	12:54pm 12:55pm
ACCY CHK AIR BLK	.08	12:55pm 12:56pm
SUB TEST	.00	12:57pm
AIR BLK	.00	12:58pm
SUB TEST	.00	12:59pm
AIR BLK	.00	1:00pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HAYWOOD COUNTY HAYWOOD COUNTY JAIL 430

Serial Number: 008712 Test Date: 09/24/2015

Test Record Number: 1593

· · ·

Test Time: 1:02pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:03pm 1:03pm
FLO FC	Pass Pass	1:03pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:03pm
SRC	Pass	1:03pm
DET	Pass	1:03pm
BAR	Pass	1:03pm
\mathtt{BT}	Pass	1:03pm

Blank Tests

Test	Status	Time
AIR	Pass	1:03pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:04pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	1:04pm 1:04pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	1derson Instrument Location Henderson Co. Detention
Instrument Ser	ial No. OD8911 Henderson Ville, NC
	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
four months at	re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that o procedures we Department of	n the day of
THE STATE OF THE S	CAROLINA AND AND AND AND AND AND AND AND AND A
Minauri	Signature of Certifying Official Certificate/Number

HENDERSON COUNTY DETENTION 440

Serial Number: 008911 Test Date: 10/01/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	11:51am 11:52am
ACCY CHK	.07	11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:55am
AIR BLK	.00	11:56am
SUB TEST	.00	11:58am
AIR BLK	.00	11:59am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HENDERSON COUNTY DETENTION 440

Serial Number: 008911

Test Record Number: 408

Test Date: 10/01/2015 Test Time: 12:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:00pm 12:00pm
FC	Pass	12:00pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:00pm
SRC	Pass	12:00pm
DET	Pass	12:00pm
BAR	Pass	12:00pm
BT	Pass	12:00pm

Blank Tests

Test	Status	Time
AIR	Pass	12:01pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:01pm

CRC Tests

Test	Status	Time
COMP	Pass	12:01pm
CAL	Pass	12:01pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County He	11+ford Instrument Location Mulfree Shoro PD
Instrument Seri	ial No. 008906 115 6. Broad St. Mur frees be
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 21 day of Septem be/, 20 15 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
TATE OLIVANISTA	CAROLINA (A. C.)
	Signature of Certifying Official Certificate Number

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906 Test Date: 09/21/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST AIR BLK	Pass .00 .08 .00 .00 .00	10:35am 10:36am 10:37am 10:38am 10:39am 10:40am 10:41am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HERTFORD COUNTY MURFREESBORO PD 450

Serial Number: 008906

Test Record Number: 526

Test Date: 09/21/2015

Test Time: 10:43am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:43am
FLO	Pass	10:43am
FC	Pass	10:43am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:44am 10:44am 10:44am 10:44am 10:44am

Blank Tests

Test	Status	Time
AIR	Pass	10:44am

Printer Tests

Test	Status	Time
PRNT	Pass	10:44am

CRC Tests

Test	Status	Time
COMP	Pass	10:44am
CAL	Pass	10:44am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location HOKE CO. DETENTION C	\mathcal{M}
Instrument S	erial No. 008855 RAEFORD N.C.	
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:	
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;	
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	Si Si
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.	
I certify that procedures v Department	on theday of	
STATE STATE OF THE		

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Date: 09/03/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

> Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective: 07/01/2015-07/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	11:12am
AIR BLK	.00	11:13am
ACCY CHK	.08	11:14am
AIR BLK	.00	11:15am
SUB TEST	.00	11:15am
AIR BLK	.00	11:16am
SUB TEST	.00	11:18am
AIR BLK	.00	11:19am

Reported AC: .00 g/210L

Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008855 Test Test Date: 09/03/2015 Test

Test Record Number: 1078
Test Time: 11:21am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:22am
FLO	Pass	11:22am
FC	Pass	11:22am

Temperature Tests

Test	Status	Time
FC1	Pass	11:22am
SRC	Pass	11:22am
DET	Pass	11:22am
BAR	Pass	11:22am
ΒT	Pass	11:22am

Blank Tests

Test	Status	Time	
ATR	Pagg	11.23am	

Printer Tests

Test	Status	Time
PRNT	Pass	11:23am
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

11:23am

11:23am

COMP

CAL

Amalana

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	HOKE Instrument Location HOKE Co. DETENTION C
Instrument	Serial No. 008852 RAEFURN N.C
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every sare:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on the day of
STAND SOLVER OF STANDS	Signature of Certifying Official Certificate Number

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Date: 09/03/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:17am 11:18am 11:18am
AIR BLK	.00	11:10am
SUB TEST	.00	11:20am
AIR BLK	.00	11:21am
SUB TEST AIR BLK	.00 .00	11:22am 11:23am
WIN DRY	.00	11;23am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

HOKE COUNTY DETENTION CENTER 460

Serial Number: 008852 Test Record Number: 714
Test Date: 09/03/2015 Test Time: 11:25am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:26am
FLO	Pass	11:26am
FC	Pass	11:26am

Temperature Tests

Test	Status	Time
FC1	Pass	11:26am
SRC	Pass	11:26am
DET	Pass	11:26am
BAR	Pass	11:26am
BT	Pass	11:26am

Blank Tests

Test	Status	Time
מדד ת	Dacc	11.272

Printer Tests

Test	Status	Time
PRNT	Pass	11:27am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:27am

11:27am

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Tredell Instrument Location BAT MOBILE 5
Instrument	Serial No. 008600 Ne Wildlife
The prevent	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
STAN STAN 10. 17 TO 17 T	

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600 Test Date: 09/06/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: INGLE, LARRY W

Permit Number: 7281E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	4:04pm
AIR BLK	.00	4:05pm
ACCY CHK	.08	4:06pm
AIR BLK	.00	4:0.7pm
SUB TEST	.00	4:07pm
AIR BLK	0 0	4:08pm
SUB TEST	.00	4:10pm
AIR BLK ,	.00	4:10pm

Reported AC:

g/210L

Signature of Chemical Analyst

Court CVR

Anaiyst

IREDELL BAT MOBILE UNIT 5 480

Serial Number: 008600

Test Record Number: 1705

Test Date: 09/06/2015 Test Time: 4:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:14pm
FLO	Pass	4:14pm
FC	Pass	4:15pm

Temperature Tests

Test	Status	Time
F'C1	Pass	4:15pm
SRC	Pass	4:15pm
DET	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:15pm

CRC Tests

Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance ≨tatus: Pa≰s

Anaiyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	JOHNSTON	Instrument Location_	CIXYTON	P. D.
Instrumer	nt Serial No. <u>00</u> 8658	CIATION	N.C.	
The preve	entive maintenance procedures for the I ths are:	ntoximeters, Model Intox E	CC/IR II to be followed	d at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de		coholic breath simular	tor thermometer show
2.	Verify instrument displays tim	e and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted	· ·		
5.	Verify instrument accuracy;			
6.	When "PLEASE BLOW" app	ears, collect breath sample;		
7.	When "PLEASE BLOW" app	ears, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; ar	nđ		
10.	Verify that the ethanol gas can simulator solution is being cha whichever occurs first.	nister is being changed before anged every four months or	re expiration date, or t after 125 Alcoholic B	he alcoholic breath reath Simulator tests,
procedure	that on the day of es were performed on the instrument intent of Health and Human Services, and	DENECO, 201° dicated above, in accordance the instrument is functioning	e with current regulat	eventive maintenance ions of the N.C.
GREATS	STATE OF A COLUMN TO A COLUMN	nature of Certifying Officia	.l Ce	crtificate Number

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Date: 09/29/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	3:04pm
AIR BLK	.00	3:05pm
ACCY CHK	.07	3:06pm
AIR BLK	.00	3:07pm
SUB TEST	.00	3:07pm
AIR BLK	.00	3:08pm.
SUB TEST	.00	3:10pm
AIR BLK	.00	3:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

JOHNSTON COUNTY CLAYTON PD. 500

Serial Number: 008658 Test Record Number: 1148

Test Date: 09/29/2015

Test Time: 3:12pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:13pm
FLO	Pass	3:13pm
F'C	Pass	3:13pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:13pm
SRC	Pass	3:13pm
DET	Pass	3:13pm
BAR	Pass	3:13pm
BT	Pass	3:13pm

Blank Tests

Test	Status	Time	
AIR	Pass	3:14pm	

Printer Tests

Test	Status	Time
PRNT	Pass	3:14pm
	CDC Toata	

Test	Status	Time
COMP	Pass	3:14pm
CAL	Pass	3:14pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Urmsidu	Instrument Lo	-	SHIPSING	Co.	JAIL
Instrument Se	erial No. <u>008846</u>	1275	2msT	SMITT	HTIED	N.
The preventive four months a	e maintenance procedures for the Ir	toximeters, Mode	el Intox EC/II	R II to be follow	ed at least on	ce every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 deg	displays pressure, gree centigrade;	or the alcoho	olic breath simul	ator thermon	ieter shows
2.	Verify instrument displays time	and date;	•			
3.	Initiate breath test sequence;					
4.	Enter information as prompted;					
5.	Verify instrument accuracy;					
6.	When "PLEASE BLOW" appear	ars, collect breath	sample;		•	
7.	When "PLEASE BLOW" appear	rs, collect breath	sample;			
8.	Print test record;					
9.	Verify Diagnostic Program; and				·	
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	ter is being chang ged every four mo	ed before exp onths or after	piration date, or 125 Alcoholic E	the alcoholic Breath Simula	breath tor tests,
procedures wer	the <u>30</u> day of <u>S</u> e performed on the instrument indic Health and Human Services, and the	ated above, in ac	cordance with	h current regulat	eventive mai	ntenance .C.
STATE OF STA	VOLUM CAROUM				4.	
APRILE, TIP	Signat	DAUR(ure of Certifying	Official	(c	rtificate Num	ber

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846

Test Date: 09/30/2015 Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	10:00am
AIR BLK	.00	10:01am
ACCY CHK	.08	10:02am
AIR BLK	.00	10:03am
SUB TEST	.00	10:04am
AIR BLK	.00	10:05am
SUB TEST	.00	10:06am
AIR BLK	.00	10:07am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008846 Test Record Number: 3755 Test Date: 09/30/2015 Test Time: 10:13am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:14am
FLO	Pass	10:14am
FC	Pass	10:14am

Temperature Tests

Test	Status	Time
FC1	Pass	10:14am
SRC	Pass	10:14am
DET	Pass	10:14am
BAR	Pass	10:14am
ВT	Pass	10:14am

Blank Tests

Test	Status	Time
AIR	Pass	10:15am

Printer Tests

Test	Status	Time
PRNT	Pass	10:15am

CRC Tests

Test	Status	Time
COMP	Pass	10:15am
CAL	Pass	10:15am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	JOHNSTON	_ Instrument Location	20Hm2	TON CO	JAL
Instrumen	t Serial No. OG 8810	127 5 2m) ST SH	<u>Oramanı</u>	N.C
The preve	ntive maintenance procedures for the hs are:	Intoximeters, Model Into	x EC/IR II to be f	ollowed at least o	nce every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 d	displays pressure, or the egree centigrade;	alcoholic breath	simulator thermor	meter show
2.	Verify instrument displays tim	e and date;			
3.	Initiate breath test sequence;				
4.	Enter information as prompted	! ;			
5.	Verify instrument accuracy;				
6.	When "PLEASE BLOW" app	ears, collect breath samp	le;		
7.	When "PLEASE BLOW" app	ears, collect breath samp	le;		
8.	Print test record;				
9.	Verify Diagnostic Program; an	đ			
10.	Verify that the ethanol gas can simulator solution is being charwhichever occurs first.	ister is being changed beinged every four months o	fore expiration da or after 125 Alcoh	te, or the alcoholic olic Breath Simul	c breath ator tests,
procedures	at on the 30 day of 500 were performed on the instrument indit of Health and Human Services, and t	licated above, in accordar	nce with current re	ing preventive ma	intenance N.C.
TARE QUAM	STATE AND A STATE	ature of Certifying Offici		652 652	
	Sign	acure of Certifying Offici	aı	Certificate Nur	nber

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810 Test Date: 09/30/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:
QUARANTELLO, NICHOLAS J
Permit Number: 21536E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG411202. Exp Date: 04/22/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:57am 9:58am
ACCY CHK	.08	9:59am
AIR BLK	.00	10:00am
SUB TEST AIR BLK	.00	10:00am
SUB TEST	.00	10:01am 10:03am
AIR BLK	.00	10:03am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

JOHNSTON COUNTY JOHNSTON CO. JAIL 500

Serial Number: 008810

Test Record Number: 2048

Test Date: 09/30/2015

Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:06am
SRC	Pass	10:06am
DET	Pass	10:06am
BAR	Pass	10:06am
BT	Pass	10:06am

Blank Tests

Test	Status	Time	

AIR Pass 10:06am

Printer Tests

Test	Status	Time
PRNT	Pass	10:06am

CRC Tests

Test	Status	Time
COMP	Pass	10:06am
CAL	Pass	10:06am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (JOHNSTON Instrument Location BENGON POLICE DEPT
Instrument Se	
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.
I certify that or procedures we Department of	on the <u>04</u> day of <u>SFAWNSER</u> , 20 <u>/S</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. If Health and Human Services, and the instrument is functioning properly.
STATE OR STATE OF THE STATE OF	Signature of Certifying Official Certificate Number

JOHNSTON COUNTY BENSON POLICE DEPT.
500

Serial Number: 008885 Test Date: 09/04/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	2:03pm
AIR BLK	.00	2:04pm
ACCY CHK	.07	2:05pm
AIR BLK	.00	2:06pm
SUB TEST	.00	2:06pm
AIR BLK	.00	2:07pm
SUB TEST	.00	2:09pm
AIR BLK	.00	2:10pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

JOHNSTON COUNTY BENSON POLICE DEPT. 500

Serial Number: 008885

Test Record Number: 412

Test Date: 09/04/2015

Test Time: 2:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:11pm 2:11pm
FC	Pass	2:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:11pm
SRC	Pass	2:11pm
DET	Pass	2:11pm
BAR	Pass	2:11pm
BT	Pass	2:11pm

Blank Tests

Test	Status	Time
AIR	Pass	2:12pm

Printer Tests

rest	Status	Time
PRNT	Pass	2:12pm
	CRC Tests	
Test	Status	Time

Preventive Maintenance Status: Pass

Pass

Pass

2:12pm

2:12pm

COMP

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	•	ument Location Jones County
Instrument S	Serial No. <u>008705</u> <u>SA</u>	leriff's Office
The prevention four months	tive maintenance procedures for the Intoximetes s are:	ers, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent	pressure, or the alcoholic breath simulator thermometer showigrade;
2.	Verify instrument displays time and date	;
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, colle	ct breath sample;
7.	When "PLEASE BLOW" appears, colle	ct breath sample;
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is bei simulator solution is being changed ever whichever occurs first.	ng changed before expiration date, or the alcoholic breath y four months or after 125 Alcoholic Breath Simulator tests,
I certify that of procedures we Department of	on theday ofdeen deep deep deep deep deep deep deep	the forgoing preventive maintenance ove, in accordance with current regulations of the N.C. ment is functioning properly.
THE STATE OF THE PROPERTY OF T	E Or NO. W. L. N	e^{A}

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Date: 09/25/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male* ver's License State: *XX*

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:43am 11:44am 11:44am 11:45am
SUB TEST	.00	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:48am
ATR RIK	0.0	11:49am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Rand E-Half Analyst

JONES COUNTY JONES COUNTY SD 510

Serial Number: 008705 Test Record Number: 1018
Test Date: 09/25/2015 Test Time: 11:50am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:50am
FLO	Pass.	11:50am
FC	Pass	11:50am

Temperature Tests

Test	Status	Time
FC1	Pass	11:50am
SRC	Pass	11:50am
DET	Pass	11:50am
BAR	Pass	11:50am
BT	Pass	11:50am

Blank Tests

Test	Status	Time
AIR	Pass	11:51am

Printer Tests

Test	Status	Time
PRNT	Pass	11:51am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:51am 11:51am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	EE	Instrument Location Sawr	was Police DEPT,
Instrument Ser	rial No. 207867		N.C.
The preventive four months ar	•	e Intoximeters, Model Intox EC/IR II t	o be followed at least once every
1.	Verify the ethanol gas canist 34 degrees, plus or minus .2	er displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays ti	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect breath sample;	4
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.		nnister is being changed before expiration anged every four months or after 125	
I certify that or procedures wer Department of	the day of 55 da	The the ndicated above, in accordance with curl the instrument is functioning properly	forgoing preventive maintenance rrent regulations of the N.C.
OF THE STATE OF THE OWN TO THE STATE OF THE OWN TO THE	SOCIAL CAROLINA		
FETE QUAM VIDEN		gnature of Certifying Official	Certificate Number

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867 Test Date: 09/29/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: QUARANTELLO, NICHOLAS J Permit Number: 21536E Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	12:07pm
AIR BLK	.00	12:08pm
ACCY CHK	.07	12:08pm
AIR BLK	.00	12:09pm
SUB TEST	.00	12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:12pm
ATR BLK	. 00	12:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LEE COUNTY SANFORD POLICE DEPT 520

Serial Number: 008867

Test Record Number: 895

Test Date: 09/29/2015

Test Time: 12:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:14pm
FLO	Pass	12:14pm
FC	Pass	12:14pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	12:15pm 12:15pm 12:15pm 12:15pm 12:15pm

Blank Tests

Test	Status	Time
AIR	Pass	12:15pm

Printer Tests

rest	Status	ттше
PRNT	Pass	12:15pm
	CRC Tests	

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	10:/ Instrument Location Lemoir (O. S.O.
Instrument Seria	al No. 008639 130 Queen St., Kinston, MC
	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of H	the <u>35</u> day of <u>Septembo</u> , 20 <u>15</u> the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
THE STATE OF A	Signature of Certifying Official Certificate Number

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639 Test Date: 09/25/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G
Permit Number: 12955E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass	9:55am 9:56am 9:56am
AIR BLK	.07 .00	9:57am
SUB TEST AIR BLK	.00 .00	9:58am 9:59am
SUB TEST	.00	10:00am
AIR BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

LENOIR COUNTY LENOIR CO SO 530

Serial Number: 008639

Test Record Number: 2628

Test Date: 09/25/2015

Test Time: 10:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:03am
FLO	Pass	10:03am
FC	Pass	10:03am

Temperature Tests

Test	Status	Time
FC1	Pass	10:03am
SRC	Pass	10:03am
DET	Pass	10:03am
BAR	Pass	10:03am
BT	Pass	10:03am

Blank Tests

Test	Status	Time	

AIR Pass 10:04am

Printer Tests

Test	Status	Time
PRNT	Pass	10:04am

CRC Tests

Test	Status	Time
COMP	Pass	10:04am
CAL	Pass	10:04am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Kinston P.D.
Instrument Seria	1No. D08624 DOS F. King St, Kinston, W.C
The preventive r four months are:	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on t procedures were Department of H	he 25 day of Sylenbor, 2015 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
THE STATE OF NOTICE AND ADDRESS OF THE STATE OF NOTICE AND ADDRESS OF THE STATE OF	Signature of Certifying Official Certificate Number

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	9:20am
AIR BLK	.00	9:21am
ACCY CHK	.07	9:22am
AIR BLK	.00	9:23am
SUB TEST	.00	9:23am
AIR BLK	.00	9:24am
SUB TEST	.00	9:26am
AIR BLK	.00	9:27am

.00 g/210L Reported AC:

of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

LENOIR COUNTY KINSTON PD 530

Serial Number: 008624

Test Record Number: 1477

Test Date: 09/25/2015

Test Time: 9:28am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:29am 9:29am
FC	Pass	9:29am

Temperature Tests

Status	Time
Pass	9:29am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:29am

Printer Tests

Test	Status	Time
PRNT	Pass	9:29am
	CRC Tests	
Test	Status	Time

	Test	Status	Time
CAL PASS 9:30al	COMP	Pass	9:30am
	CAL	Pass	9:30am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Li)	1000 Instrument Location Lincoln County Courthou
Instrument Ser	ial No. 008823 Instrument Location Lincoln County Courthouse in No. 008823
<u>.</u>	
The preventive four months ar	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
.: 7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
certify that or procedures wer Department of	the <u>//O</u> day of <u>September</u> , 20 <u>15</u> the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE COURT OF THE C	Mallow 656

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823

Test Record Number: 1207

Test Date: 09/10/2015

Test Time: 9:20am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR.	Pass	9:21am
FLO	Pass	9:21am
FC	Pass	9:21am

Temperature Tests

Test	Status	Time
FC1	Pass	9:21am
SRC	Pass	9:21am
DET	Pass	9:21am
BAR	Pass	9:21am
BT	Pass	9:21am

Blank Tests

Test	Status	Time
AIR	Pass	9:22am

Printer Tests

Test	Status	Time
PRNT'	Pass	9:22am
	CRC Tests	
Test	Status	Time

COMP Pass 9:22am CAL Pass 9:22am

Preventive Maintenance Status: Pass

Analyst

Intox: EC/IR-II: Subject Test of the state o

LINCOLN COUNTY COURTHOUSE 540

Serial Number: 008823 Test Date: 09/10/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG	Pass	9:26am
AIR BLK	ć. — — — · · ·	9:26am
ACCY CHK	.07	9:27am
AIR BLK	00	9:28am
SUB TEST	.00	9:29am
AIR BLK	.00	9:30am
SUB TEST	.00	9:31am
AIR BLK	.00	9:32am

Reported AC: \00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst (

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County M	Dowell Instrument Location Mc Dowell Co. Jail
Instrument Se	orial No. 008892 Marion, 1/C
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
CTATE	
THE COMMY	649
	Signature of Certifying Official Certificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 09/29/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: BURNETTE, ANTHONY J
Permit Number: 11304E
Effective:
05/01/2015-05/01/2017

Officer's Name: NONE,
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	4:13pm 4:14pm
ACCY CHK	.07	4:14pm
AIR BLK	.00	4:15pm
SUB TEST	.00	4:16pm
AIR BLK	.00	4:17pm
SUB TEST	.00	4:18pm
AIR BLK	.00	4:19pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MCDOWELL COUNTY JAIL 580

Serial Number: 008892 Test Date: 09/29/2015

Test Record Number: 410
Test Time: 4:20pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:21pm
FLO	Pass	4:21pm
FC	Pass	4:21pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:21pm
SRC	Pass	4:21pm
DET	Pass	4:21pm
BAR	Pass	4:21pm
BT	Pass	4:21pm

Blank Tests

Test	Status	Time
AIR	Pass	4:22pm

Printer Tests

rest	Status	Time
PRNT	Pass	4:22pm
	CRC Tests	

Test	Status	Time
COMP	Pass	4:22pm
CAL	Pass	4:22pm

Preventive Maintenance Status: Pass

Analyst

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORENSIC TESTS FOR ALCOHOL BRANCH

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County //	16Dowell Instrument	Location <u>Mc Dowell</u>	Co. Ja:1
Instrument S	Serial No. <u>00 8888</u>	Marion, No	<u>-</u>
The preventi	ive maintenance procedures for the Intoximeters, Mo are:	odel Intox EC/IR II to be followed	i at least once every
1.	Verify the ethanol gas canister displays pressu 34 degrees, plus or minus .2 degree centigrade		or thermometer show
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		· .
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect brea	ath sample;	
7.	When "PLEASE BLOW" appears, collect brea	ath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
. 10.	Verify that the ethanol gas canister is being chasimulator solution is being changed every four whichever occurs first.	anged before expiration date, or the months or after 125 Alcoholic Bu	ne alcoholic breath reath Simulator tests,
	on the 2 9 day of September were performed on the instrument indicated above, in of Health and Human Services, and the instrument is		eventive maintenance ons of the N.C.
THE STATION OF THE ST	CAROLINA		649
	Signature of Certify	ring Öfficial — — Cer	tificate Number

MCDOWELL COUNTY JAIL 580

Serial Number: 008888 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: BURNETTE, ANTHONY J

Permit Number: 11304E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG405702 Exp Date: 02/26/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	4:06pm 4:07pm 4:08pm
AIR BLK	.00	4:09pm
SUB TEST	.00	4:09pm
AIR BLK	.00	4:10pm
SUB TEST	.00	4:12pm
AIR BLK	.00	4:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

MCDOWELL COUNTY JAIL 580

Serial Number: 008888

Test Record Number: 1304

Test Time: 4:14pm EDT Test Date: 09/29/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	4:14pm 4:14pm
FC	Pass	4:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:15pm
SRC	Pass	4:15pm
DET .	Pass	4:15pm
BAR	Pass	4:15pm
BT	Pass	4:15pm

Blank Tests

Test	Status	Time
AIR	Pass	4:15pm

Printer Tests

Test	Status	Time .
PRNT	Pass	4:15pm

CRC Tests

Test	Status	Time
COMP	Pass	4:15pm
CAL	Pass	4:15pm

Preventive Maintenance Status: Pass

Analyst

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_ ~	lecklendury Instrument Location But mobile Unit 5
Instrument S	erial No. OO FC 00
The prevention four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures w Department of	on the 18 day of Septence, 2015 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE PLANT OF THE	
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600 Test Date: 09/18/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V Permit Number: 26632E

Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG	Pass	7:27pm
AIR BLK	.00	7:28pm
ACCY CHK	.08	7:29pm
AIR BLK	. 00	7:30pm
SUB TEST	.00	7:30pm
AIR BLK	. 00	7:31pm
SUB TEST	.00	7:33pm
AIR BLK	. 00	7:34pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

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MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008600

Test Record Number: 1710

Test Date: 09/18/2015

Test Time: 7:38pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:39pm
FLO	Pass	7:39pm
FC	Pass	7:39pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:39pm
SRC	Pass	7:39pm
DET	Pass	7:39pm
BAR	Pass	7:39pm
BT	Pass	7:39pm

Blank Tests

rest	Status	Time
AIR	Pass	7:40pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:40pm
	CRC Tests	
Test	Status	Time
COMP	Pass	7:40pm

Pass 7:40pm

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_	Mackler Way Instrument Location But Mobile Unit
Instrume	nt Serial No. DO 3788
The prev	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every ths are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify t procedure Departme	hat on the <u>JK</u> day of <u>Server</u> , 20 15 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. and of Health and Human Services, and the instrument is functioning properly.
OSEAL SECTION AND ASSESSMENT OF THE PROPERTY O	TATE OF NORTH CANADA LET BE LEAD TO THE CONTROL OF

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 09/18/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:
10/18/2013-10/01/2015

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test g/210L Time DIAG 7:26pm Pass 7:27pm AIR BLK .00 ACCY CHK .07 7:28pm AIR BLK .00 7:29pm SUB TEST .00 7:29pm AIR BLK .00 7:30pm SUB TEST .00 7:31pm AIR BLK .00 7:32pm

Reported AC: , 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008788 Test Date: 09/18/2015

Test Record Number: 1298
Test Time: 7:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	7:34pm 7:34pm
FC	Pass	7:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	7:34pm
SRC	Pass	7:34pm
DET	Pass	7:34pm
BAR	Pass	7:34pm
BT	Pass	7:34pm

Blank Tests

Test	Status	Time
AIR	Pass	7:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	7:35pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	7:35pm
CAL	Pass	7:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County_M	Ecklimburg Instrument Location But mobile Out 5
Instrument S	erial No. 008698
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OF THE STATE	
	Signature of Certifying Official Certificate Number

MECKLENBURG BAT MODILE UNIT 5 590

Serial Number: 008598 Test Date: 09/18/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Eirth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: TOWERY, CHAD V
Permit Number: 26632E
Effective:

10/18/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: *DHHS* Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/18/2016

Test	g/210L	Time
DIAG	Pass	7:26pm
AIR BLK	.00	7:37pm
ACCY CHK	.07	7:27pm
AIR BLK	.00	7:28pm
SUB TEST	.00	7:39 pm
AIR BLK	. CO	7:30pm
SUB TEST	. 00	7:31pm
AIR BLK	.00	7:32pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

MECKLENBURG BAT MOBILE UNIT 5 590

Serial Number: 008598

Test Record Number: 1280

Test Date: 09/18/2015 Test Time: 7:35pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	7:36pm
FLO	Pass	7:36pm
FC	Pass	7:36pm

Temperature Tests

Test	Status	Time
FCI	Pass	7:36pm
SRC	Pass	7:36pm
DET	Pass	7:36pm
BAR	Pass	7:36pm
BT	Pass	7:36pm

Blank Tests

'l'est	Status	Time
AIR	Pass	7:37pm

Printer Tests

1086	Status	1.11115
PRNT	Pass	7:3'7pm

rm di series

CRC Tests

Test	Status	Time
COMP	Pass	7:37pm
CAL	Pass	7:37pm

Preventive Maintenance Status: Pass

MU

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

۸۸	INTOXIMETERS, MODEL INTOX EC/IR II
County /	lechlenburg Instrument Location Matthews PD
Instrument S	Gerial No. 008699 1201 Crews Rd., Matthews
The preventi	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
CREATE WAY TO THE	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699

Test Record Number: 2327

Test Date: 09/09/2015

Test Time: 9:51am EDT

System Check: Passed

Baseline Tests

Test	Sta tus	Time
IR	Pas s	9:51am
FLO	Pas s	9:51am
FC	Pas s	9:52am

Temperature Tests

Test	Sta tus	Time
FC1	Pass	9:52am
SRC	Pass	9:52am
DET	Pas s	9:52am
BAR	Pas s	9:52am
BT	Pas s	9:52am

Blank Tests

Test	Sta tus	Time
AIR	Pas s	9:52am

Printer Tests

Test	Sta tus	Time
PRNT	Pass	9:52am
	CRC Tests	÷
Test	Sta tus	Time

9:52am

9:52am

Preventive Maintenance Status: Pass

Pass Pass

COMP

CAL

Man /

MECKLENBURG COUNTY MATTHEWS PD 590

Serial Number: 008699 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test		g/210L	Time
D T 7 C		D	0. 55
DIAG	i g	Pass	9:55am
AIR	BLK	.00	9:55am
ACCY	CHK	.08	9:56am
AIR	BLK	.00	9:57am
SUB	TEST	.00	9:58am
AIR	BLK	.00	9: 59am
SUB	TEST	.00	10:00am
AIR	BLK	.00	10:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

۸.	INTOXIMETERS, MODEL INTOX EC/IR II
County Med	Klanburg Instrument Location Pineville PD
Instrument Seri	ial No. 008703 427 Main St., Pineville
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
.7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 9th day of September, 2015 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703

Test Record Number: 5427

Test Date: 09/09/2015

Test Time: 12:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:35pm
FLO	Pass	12:35pm
FC	Pass	12:35pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:35pm
SRC	Pass	12:35pm
DET	Pass	12:35pm
BAR	Pass	12:35pm
BT	Pass	12:35pm

Blank Tests

Test	Status	Time
ATR	Pass	12:36pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:36pm
	CRC Tests	

Test	Status	Time
COMP	Pass	12:36pm
CAL	Pass	12:36pm

Preventive Maintenance Status: Pass

Analyst

MECKLENBURG COUNTY PINEVILLE PD 590

Serial Number: 008703 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:43pm 12:43pm 12:44pm
AIR BLK	.00	12:45pm
SUB TEST	.00	12:46pm
AIR BLK	.00	12:46pm
SUB TEST	.00	12:48pm
AIR BLK	.00	12:49pm

Reported AC: .00 g/210L

Signature of Chemidal Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	rial No. 008747 9630 Johan Clark Ave. Huntersville
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the day of september, 20 15 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747

Test Record Number: 2466 Test Time: 11:25am EDT

Test Date: 09/29/2015

System Check: Passed

Baseline Tests

Test	Status	Time
IR FIO	Pass Pass	11:25am 11:25am
FC	Pass Pass	11:25am

Temperature Tests

Test Status	Time
FC1 Pass	11:26am
SRC Pass	11:26am
DET Pass	11:26am
BAR Pass	11:26am
BT Pass	11:26am

Blank Tests

Test	Status	Time
AIR	Pass	11:26am

Printer Tests

Test	Status	Time
PRNT	Pass	11:26am
	CRC Tests	

rest	Status	TIME
COMP	Pass	11:26am
CAL	Pass	11:26am

Preventive Maintenance Status: Pass

MECKLENBURG HUNTERSVILLE PD 590

Serial Number: 008747 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D Permit Number: 15924E

Effective:

01/01/2014-01/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test		g/210L	Time
DIAG		Pass	11:30am
	BLK	.00	11:31am
ACCY	CHK,	. 07	11:32am
AIR		.00	11:33am
SUB	TEST	.00	11:33am
AIR	BLK	.00	11:34am
SUB	TEST	.00	11:36am
AIR :	\mathtt{BLK}	.00	11:37am

Reparted AC . .00 g/210L

Signature of Chemica Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Moore Co. JAIL
Instrument Seria	al No. 008735 300 MCNELL, CAETHAGE N.
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
. 8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of F	the 30 day of SEPTEMBEN, 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
O'THE STATE OF THE	
A STORY QUAM VIDER	hel Contra 652
	Signature of Certifying Official Certificate Number

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735 Test Date: 09/30/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name:

QUARANTELLO, NICHOLAS J

Permit Number: 21536E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK	Pass .00 .07 .00 .00	1:01pm 1:02pm 1:02pm 1:03pm 1:04pm 1:05pm
SUB TEST	.00	1:06pm
AIR BLK	.00	1:07pm

Reported AC: .00 g/210L

Signature(of Chemical Analyst

Court CVR

MOORE COUNTY MOORE COUNTY JAIL 620

Serial Number: 008735

Test Record Number: 1679

Test Date: 09/30/2015

Test Time: 1:08pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:09pm
FLO	Pass	1:09pm
FC	Pass	1:09pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:09pm
SRC	Pass	1:09pm
DET	Pass	1:09pm
BAR	Pass	1:09pm
\mathtt{BT}	Pass	1:09pm

Blank Tests

Test	Status	Time
AIR	Pass	1:09pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:09pm
	CRC Tests	
Test	Status	Time
COMP	Pass	1:09pm

Preventive Maintenance Status: Pass

Pass

1:09pm

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

• •	, INTOXIMETERS, MODEL INTOX EC/IR II
County M	en Harover Instrument Location Caroling Beach
Instrument Ser	ial No. DO8661 Police Beach
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that or procedures wer Department of	theday of
THE STATE OF THE OWNER OWNER OF THE OWNER OWNE	
	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY CAROLINA BEACH PD 640

> Serial Number: 008661 Test Date: 09/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434901 Exp Date: 12/15/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:58am 11:59am 11:59am 12:00pm
SUB TEST	.00	12:01pm
AIR BLK	.00	12:02pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm

Reported AC: .00 g/2/10L

Signature of Chemical Analyst

Court CVR

Analyst

NEW HANOVER COUNTY CAROLINA BEACH PD 640

Serial Number: 008661

Test Record Number: 2056

Test Date: 09/16/2015

Test Time: 12:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:07pm
FLO	Pass	12:07pm
FC	Pass	12:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:07pm
SRC	Pass	12:07pm
DET	Pass	12:07pm
BAR	Pass	12:07pm
BT	Pass	12:07pm

Blank Tests

Test	Status	Time
AIR	Pass	12:08pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:08pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	12:08pm 12:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II 4900 Ver Instrument Location___ 008667 The preventive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every four months are: Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 1. 34 degrees, plus or minus .2 degree centigrade; Verify instrument displays time and date; 2. Initiate breath test sequence; 3. Enter information as prompted; 4. Verify instrument accuracy; 5. When "PLEASE BLOW" appears, collect breath sample; 6. When "PLEASE BLOW" appears, collect breath sample; 7. 8. Print test record; 9. Verify Diagnostic Program; and Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath 10. simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first. the forgoing preventive maintenance I certify that on the procedures were performed on the instrument indicated above, in accordance with current regulations of the N.C. Department of Health and Human Services, and the instrument is functioning properly.



Signature of Certifying Official

Certificate Number

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Date: 09/16/2015

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C
Permit Number: 5329E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

~ / O 1 O T

m-1 --- --

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rest	9/2101	TTIIIE
DIAG	Pass	10:58am
AIR BLK	.00	10:59am
ACCY CHK	.08	10:59am
AIR BLK	.00	11:00am
SUB TEST	.00	11:01am
AIR BLK	.00	11:02am
SUB TEST	.00	11:03am
AIR BLK	.00	11:04am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

K.C. Mark

NEW HANOVER COUNTY WRIGHTSVILLE BCH PD 640

Serial Number: 008667 Test Record Number: 1451 Test Date: 09/16/2015 Test Time: 11:04am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:05am
FLO	Pass	11:05am
FC	Pass	11:05am

Temperature Tests

Test	Status	Time
FC1	Pass	11:05am
SRC	Pass	11: 05am
DET	Pass	11:05am
BAR	Pass	11:05am
BT	Pass	11:05am

Blank Tests

Test	Status	Time
AIR	Pass	11:06am

Printer Tests

Test	Status	Time
PRNT	Pass	11:06am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:06am

Preventive Maintenance Status: Pass

Pass

CAL

M.C. Milledolis

11:06am

PREVENTIVE MAINTENANCE RECORD

4	INTOXIMETERS, MODEL INTOX EC/	,
County /	en Hanover Instrument Location New	Homover
Instrument S	erial No. 008626 Steriff	a Dept
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to bare:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	ath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 A whichever occurs first.	n date, or the alcoholic breath lcoholic Breath Simulator tests,
procedures w	on the	orgoing preventive maintenance ent regulations of the N.C.
THE STATE OF THE S	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Costilloate Huilibei

A signed original of the preventive maintenance record shall be kept on file for at least three years.

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008626 Test Date: 09/16/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	10:00am 10:00am 10:01am
AIR BLK	.00	10:02am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am
SUB TEST	.00	10:05am
AIR BLK	.00	10:06am

Reported AC:

Signature of Chemical

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008626

Test Record Number: 6092

Test Date: 09/16/2015

Test Time: 10:07am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:07am
FLO	Pass	10:07am
FC	Pass	10:07am

Temperature Tests

Test	Status	Time
FC1	Pass	10:07am
SRC	Pass	10:07am
DET	Pass	10:07am
BAR	Pass	10:07am
BT	Pass	10:07am

Blank Tests

Test	Status	Time	

AIR Pass 10:08am

Printer Tests

Test	Status	Time
PRNT	Pass	10:08am

CRC Tests

Test	Status	Time
COMP	Pass	10:08am
CAL	Pass	10:08am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD

1	INTOXIMETERS, MODEL INTOX EC/IR II
County/	en Hanove Instrument Location Dea Hanove
Instrument Serie	al No. 008617 Sheriff Dept
	<i>5</i> *
The preventive if four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	he day of 5 20 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. ealth and Human Services, and the instrument is functioning properly.
TATE OF MENTAL TO THE STATE OF MENTAL TO THE STATE OF MENTAL TO THE STATE OF THE ST	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY NEW HANOVER CO SD 640

> Serial Number: 008617 Test Date: 09/16/2015

Citation Number: M000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C Permit Number: 5329E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS Test Type: Breath Test

> Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG	Pass	9:58am
AIR BLK	.00	9:58am
ACCY CHK	.07	9:59am
AIR BLK	.00	10:00am
SUB TEST	.00	10:01am
AIR BLK	.00	10:01am
SUB TEST	.00	10:03am
AIR BLK	.00	10:04am

Reported AC:

Signature of Chemical Analyst

Court CVR

NEW HANOVER COUNTY NEW HANOVER CO SD 640

Serial Number: 008617 Test Record Number: 2532 Test Date: 09/16/2015 Test Time: 10:05am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:05am
FLO	Pass	10:05am
FC	Pass	10:05am

Temperature Tests

Test	Status	Time
FC1	Pass	10:05am
SRC	Pass	10:05am
DET	Pass	10:05am
BAR	Pass	10:05am
\mathtt{BT}	Pass	10:05am

Blank Tests

Test	Status	Time
AIR	Pass	10:06am

Printer Tests

Test

PRNT	Pass	10:06am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:06am 10:06am

Status Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Ver Hanover Instrument Location Wilming ton PD
Instrument S	erial No
The prevention four months	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on theday of
THE STATE OF THE S	30 3 1 6 1 1 1 6 1 6 1 1 6 1 1 1 1 1 1 1 1
<i>b</i>	Signature of Certifying Official Certificate Number

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628 Test Date: 09/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RHODES, KENNETH C

Permit Number: 5329E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 04/11/2017

Test	g/210L	Time
DIAG	Pass	9:07am
AIR BLK	.00	9:08am
ACCY CHK	.07	9:09am
AIR BLK	.00	9:09am
SUB TEST	.00	9:10am
AIR BLK	.00	9:11am
SUB TEST	.00	9:12am
ATR BUK	- 00	9:13am

Reported AC:

00 d/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

NEW HANOVER COUNTY WILMINGTON PD 640

Serial Number: 008628

Test Record Number: 3561

Test Date: 09/16/2015

Test Time: 9:14am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:14am
FLO	Pass	9:14am
FC	Pass	9:14am

Temperature Tests

Test	Status	Time
FC1	Pass	9:15am
SRC	Pass	9:15am
DET	Pass	9:15am
BAR	Pass	9:15am
BT	Pass	9:15am

Blank Tests

Test	Status	Time
AIR	Pass	9:15am

Printer Tests

Test	Status	Time
PRNT	Pass	9:15am

CRC Tests

Test	Status	Time
COMP	Pass	9:15am
CAL	Pass	9:15am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	ONSLOW Instrument Location CAMALE	ejeune Amo
	Serial No. 00 8920	
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be fs are:	followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath 34 degrees, plus or minus .2 degree centigrade;	simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	•
8.	Print test record;	
9.	Verify Diagnostic Program; and	·
10.	Verify that the ethanol gas canister is being changed before expiration d simulator solution is being changed every four months or after 125 Alco whichever occurs first.	ate, or the alcoholic breath sholic Breath Simulator tests,
procedures	at on the 9 day of Senten Delle, 20/5 the forgovere performed on the instrument indicated above, in accordance with current tof Health and Human Services, and the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
GOEAN STATE OF THE CAREAT		354 Certificate Number

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	10:08am
AIR BLK	.00	10;09am
ACCY CHK	.08	10:09am
AIR BLK	.00	10:10am
SUB TEST	.00	10:11am
AIR BLK	.00	10:11am
SUB TEST	.00	10:13am
ATR BLK	.00	10:15am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

Karl E-Half
Analyst

ONSLOW COUNTY CAMP LEJEUNE PMO 660

Serial Number: 008920 Test Record Number: 1193
Test Date: 09/09/2015 Test Time: 10:15am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:16am
FLO	Pass	10:16am
FC	Pass	10:16am

Temperature Tests

Test	Status	Time
FC1	Pass	10:16am
SRC	Pass	10:16am
DET	Pass	10:16am
BAR	Pass	10:16am
BT	Pass	10:16am

Blank Tests

Test	Status	Time
ATR	Pagg	10.16am

Printer Tests

Test	Status	Time
PRNT	Pass	10:16am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:17am

Preventive Maintenance Status: Pass

Pass

10:17am

CAL

Karls E Half Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Ox	15/00 Instrument Location JACKSON UILLE A.A.
Instrument Seri	al No. 008930
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the 9 day of 5 estem bero, 2015 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
CONTROL OF THE STATE OF THE STA	Signature of Certificial Certificate Number

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Date: 09/09/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: *NONE, NONE*Type of Agency: *FTA*Agency: *DHHS*

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:01am 11:02am 11:03am 11:03am
SUB TEST	.00	11:04am
AIR BLK	.00	11:05am
SUB TEST	.00	11:06am
AIR BLK	.00	11:07am

Reported AC: / .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half

Analyst

is used when performing Preventive Maintenance pro

ONSLOW COUNTY JACKSONVILLE PD 660

Serial Number: 008930 Test Record Number: 2013 Test Date: 09/09/2015 Test Time: 11:09am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO FC	Pass Pass Pass	11:10am 11:10am 11 :10am

Temperature Tests

Test	Status	Time
		10 to
FC1	Pass	11:10am
SRC	Pass	11:10am
DET	Pass	11:10am
BAR	Pass	11:10am
ВT	Pass	11:10am

Blank Tests

Test	Status	Time
100		
ATR	Pass	11:11am

Printer Tests

Test

CAL

1000	Doadab	110
PRNT	Pass	11:11am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:11am

Pass 11:11am

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	0,05/06	Instrument Location Suska	2 Courty
Instrumen	nt Serial No. <u>0089.32</u>	SHERIFF'S OFFICE	ne Suiser
The preve		ne Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic breat 2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays	time and date;	
3.	Initiate breath test sequence	; ;	
4.	Enter information as promp	eted;	
5.	Verify instrument accuracy	,	•
6.	When "PLEASE BLOW"	appears, collect breath sample;	
7.	When "PLEASE BLOW"	appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program	; and	
10.	Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration changed every four months or after 125 Ale	date, or the alcoholic breath coholic Breath Simulator tests,
I certify the procedure Departme	nat on theday of es were performed on the instrument nt of Health and Human Services, a	indicated above, in accordance with current the instrument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
GREAT SET OF SET	00	ace of Ethell	35½ Certificate Number
	·	Signature of Certifying Official	Certificate Number

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Date: 09/09/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG414801 Exp Date: 05/28/2016

Test	g/210L	Time
DIAG	Pass	11:32am
AIR BLK	.00	11:32am
ACCY CHK	.07	11:33am
AIR BLK	.00	11:34am
SUB TEST	.00	11:35am
AIR BLK	.00	11:35am
SUB TEST	.00	11:37am
AIR BLK	.00	11:38am

Reported AC: ,.00 g/210L

Signature of Chemical Analyst

Court CVR

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008932 Test Record Number: 3174
Test Date: 09/09/2015 Test Time: 11:38am EDT

System Check: Passed

Baseline Tests

Pass Pass	11:39am 11:39am 11:39am

Temperature Tests

Status	Time
Pass	11:39am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:39am

Printer Tests

Test	Status	Time
PRNT	Pass	11:39am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	11:40am 11:40am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 6	USLOW Instrument Location ONSLOW County
Instrument S	erial No. 008931 SHERIFFS OFFICE
The preventi four months	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures v Department	on theday ofday_ ofdeptember, 20/5 the forgoing preventive maintenance were performed on the instrument indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
WATER SERVICE AND THE CAREAT SERVICE AND THE	

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Date: 09/09/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

ubject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	11:44am
AIR BLK	.00	11:45am
ACCY CHK	.08	11:45am
AIR BLK	.00	11:46am
SUB TEST	.00	11:47am
AIR BLK	.00	11:48am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Karl E-Half
Analyst

ONSLOW COUNTY ONSLOW COUNTY SD 660

Serial Number: 008931 Test Record Number: 2317
Test Date: 09/09/2015 Test Time: 11:51am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:51am
FLO	Pass	11:51am
FC	Pass	11:51am

Temperature Tests

Test	Status	Time
		the street of
FC1	Pass	11:52am
SRC	Pass	11:52am
DET	Pass	11:52am
BAR	Pass	11:52am
BT	Pass	11:52am

Blank Tests

Test	Status	'l'ıme
AIR	Pass	11:52am

Printer Tests

·		
Test	Status	Time
PRNT	Pass	11:52am
	CRC Tests	
Test	Status	Time
COMP	Pass	11:52am

Pass 11:52am

Preventive Maintenance Status: Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR JI

County_	ONSKOW Instrument Location New .	RIVER PAID
Instrume	nt Serial No	
The preve	entive maintenance procedures for the Intoximeters, Model Intox EC/IR II to b ths are:	e followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic brea 34 degrees, plus or minus .2 degree centigrade;	th simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
.8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration simulator solution is being changed every four months or after 125 All whichever occurs first.	n date, or the alcoholic breath Icoholic Breath Simulator tests,
I certify procedur Departm	that on the	orgoing preventive maintenance ent regulations of the N.C.
GREAT ST.	STATE ON TO THE STATE OF THE ST	354 Certificate Number

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E
Permit Number: 3462E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	12:23pm
AIR BLK	.00	12:23pm
ACCY CHK	.08	12:24pm
AIR BLK	.00	12:25pm
SUB TEST	.00	12:26pm
AIR BLK	.00	12:26pm
SUB TEST	.00	12:28pm
AIR BLK	.00	12:29pm

Reported AC: , .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY MCAS NEW RIVER 660

Serial Number: 008919 Test Record Number: 487
Test Date: 09/09/2015 Test Time: 12:31pm EDT

System Check: Passed

Baseline Tests

,	Test	Status	Time
	IR FLO FC	Pass Pass Pass	12:31pm 12:31pm 12:31pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:31pm
SRC	Pass	12:31pm
DET	Pass	12:31pm
BAR	Pass	12:31pm
BT	Pass	12:31pm

Blank Tests

Test	Status	Time
AIR	Pass	12:32pm

Printer Tests

Test	Status	T'ime
PRNT	Pass	12:32pm
	CRC Tests	

Status	TTILLE
	4 4 44
Pass	12:32pm
Pass	12:32pm
	Pass

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOAMMETER	RS, MODEL INTO ZOTA	100111 1)217
CountyC	N3LOW	Instrument Location 17 / /	1010100 0101
Instrument Seri	al No. <u>008707</u>	Instrument Location BAT A	CANIDS, WC
The preventive four months are		atoximeters, Model Intox EC/IR II to be for	ollowed at least once every
1.	Verify the ethanol gas canister of 34 degrees, plus or minus .2 degrees.	displays pressure, or the alcoholic breath gree centigrade;	simulator thermometer shows
2.	Verify instrument displays time	e and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	d	
10.	Verify that the ethanol gas cani simulator solution is being char whichever occurs first.	ster is being changed before expiration danged every four months or after 125 Alcohole	ate, or the alcoholic breath holic Breath Simulator tests,
I certify that on procedures wer Department of	e performed on the instrument ind	the forgulated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
THE STATE OF			
OF MAN 20. 1775 OF MAN 20. 1775 SEE CHAPMEN	CAROUM ()	12.B.	640
William to the	Sior	nature of Certifying Official	Certificate Number

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Date: 09/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R
Permit Number: 15671E
Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .08	11:01pm 11:02pm 11:03pm
AIR BLK	.00	11:04pm
SUB TEST	.00	11:05pm
AIR BLK	.00	11:05pm
SUB TEST	.00	11:07pm
AIR BLK	.00	11:08pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

ONSLOW COUNTY BAT MOBILE UNIT 3 660

Serial Number: 008707 Test Test Date: 09/11/2015 Test

Test Record Number: 2225
Test Time: 11:11pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:11pm
FLO	Pass	11:11pm
FC	Pass	11:11pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:11pm
SRC	Pass	11:11pm
DET	Pass	11:11pm
BAR	Pass	11:11pm
BT	Pass	11:11pm

Blank Tests

Test	Status	Time
AIR	Pass	11:12pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:12pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:12pm

11:12pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· · · · · · · · · · · · · · · · · · ·) (1) (1)
County	WANGE Co. Instrument Location Hills Assertish P.D.
Instrument Serie	No. 008 499 124 Chupton ST. Hills Lorogh P.D
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the
TOTAL STATE OF THE	Since State of State State

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Date: 09/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:41am 10:42am 10:43am 10:44am 10:45am
AIR BLK	.00	10:46am
SUB TEST	.00	10:48am
AIR BLK	.00	10:48am

Reported Ag: .00 g/2

signature of Chemical Analyst

Court CVR

Analyst

ORANGE COUNTY HILLSBOROUGH PD 670

Serial Number: 008799 Test Record Number: 1955
Test Date: 09/21/2015 Test Time: 10:49am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:50am
FLO	Pass	10:50am
FC	Pass	10:50am

Temperature Tests

Test	Status	Time
FC1	Pass	10:50am
SRC	Pass	10:50am
DET	Pass	10:50am
BAR	Pass	10:50am
$\mathtt{B}\mathbf{T}$	Pass	10:50am

Blank Tests

Test	Status	Time
AIR	Pass	10:50am

Printer Tests

Test

PRNT	Pass	10:50am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:51am 10:51am

Status

Time

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Pamlico	Instrument Location PAML;	co County
Instrumen	t Serial No. 008640	SHERIFFS OFFICE	i C
The preve	•	Intoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic brolegree centigrade;	eath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; at	nd	
10.		nister is being changed before expiration anged every four months or after 125 A	
procedures	were performed on the instrument in	Steniber, 20_15 the fidicated above, in accordance with current the instrument is functioning properly	ent regulations of the N.C.
	Million.		
COREATOR	ATE OF A CONTROL O		
* ESSE QUA	MANUEL & MAN	ey E Hall	354
	ວິເຊີ	nature of Certifying Official	Certificate Number

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HALL, RANDY E

Permit Number: 3462E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG404101 Exp Date: 02/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:51pm 12:52pm 12:53pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:54pm
AIR BLK	.00	12:55pm
SUB TEST	.00	12:56pm
ATR BLK	.00	12:57pm

Reported 29: 00/g/210L

Signature of Chemical Analyst

Court CVR

Karls E-Half
Analyst

PAMLICO COUNTY PAMLICO COUNTY SD 680

Serial Number: 008640

Test Record Number: 1126

Test Date: 09/25/2015

Test Time: 1:06pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:07pm
FLO	Pass	1:07pm
FC	Pass	1:07pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:07pm
SRC	Pass	1:07pm
DET	Pass	1:07pm
BAR	Pass	1:07pm
\mathtt{BT}	Pass	1:07pm

Blank Tests

Test	Status	Time
AIR	Pass	1:07pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:07pm

CRC Tests

Test	Status	Time
COMP	Pass	1:08pm
CAL	Pass	1:08pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IR II
County /	ASQUOTANK Instrument Location BAT MUBILE UNIT
Instrument Se	rial No. 008707 ElizaBETH CITY,
The preventiv	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the day of
STATE STATE OF STATE	

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

> Serial Number: 008707 Test Date: 09/18/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: BARNES, ALVIN R Permit Number: 15671E Effective: 08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	11:26pm 11:27pm 11:27pm 11:28pm 11:29pm
AIR BLK SUB TEST	.00	11:30pm 11:31pm
AIR BLK	.00	11:32pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PASQUOTANK COUNTY BAT MOBILE UNIT 3 690

Test Record Number: 2231 Serial Number: 008707 Test Date: 09/18/2015 Test Time: 11:34pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:34pm
FLO	Pass	11:34pm
FC	Pass	11:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	11:35pm
SRC	Pass	11:35pm
\mathtt{DET}	Pass	11:35pm
BAR	Pass	11:35pm
\mathtt{BT}	Pass	11:35pm

Blank Tests

Test	Status	Time
AIR	Pass	11:35pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:35pm
	CRC Tests	
Test	Status	Time
COMP	Pass	11:35pm

11:35pm

Preventive Maintenance Status: Pass

Pass

CAL

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	ERS, MODEL INTOX EC/I	KII
County	Person Co.	Instrument Location	· Co. Lan En C
Instrument S	Serial No. <u>00 8693</u>	120 Court 57	Roxbara, AC
The prevent four months		e Intoximeters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic breat degree centigrade;	h simulator thermometer show
2.	Verify instrument displays ti	ime and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expiration hanged every four months or after 125 Alc	date, or the alcoholic breath soholic Breath Simulator tests,
	were performed on the instrument is	hdicated above, in accordance with currend the instrument is functioning properly.	going preventive maintenance it regulations of the N.C.
TANK OF THE STATE	E OS NO PROPERTY CARGO IN CARG	ignature of Certifying Official	Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693 Test Date: 09/01/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	11:51am 11:52am 11:52am 11:53am
SUB TEST	.00	11:54am
AIR BLK	.00	11:55am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

gnature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures Forensic Tests for Alcohol Branch **Department of Health and Human Services**

Rev. 12/2007

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008693

Test Record Number: 1177

Test Date: 09/01/2015

Test Time: 11:58am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58am 11:58am
FC	Pass	11:58am

Temperature Tests

Test	Status	Time
FC1 SRC	Pass Pass	11:59am 11:59am
DET BAR	Pass Pass	11:59am
BT	Pass	11:59am

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test Status	s Time
PRNT Pass	11:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance Status: Pass

Analvet

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Person Co. Instrument Location Person Co. LEC
Instrument Se	erial No. GO 8880 120 Court ST Rox BORD, NC
The preventive four months a	we maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department o	on the
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Date: 09/01/2015

Citation Number: M0000000-0

Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG AIR BLK	Pass	11:50am 11:51am
ACCY CHK	.08	11:52am 11:52am
SUB TEST		11:53am
AIR BLK	.00	11:54am
SUB TEST	.00	11:56am
AIR BLK	.00	11:57am

Reported Ag: .00 g/2

Signature of Chemical Analyst

Court CVR

Analyst

PERSON COUNTY PERSON CO. LEC 720

Serial Number: 008880 Test Record Number: 874
Test Date: 09/01/2015 Test Time: 11:57am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:58am 11:58am
FC	Pass	11:58am

Temperature Tests

Status	Time
Pass	11:58am
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:59am

Printer Tests

Test	Status	Time
PRNT	Pass	11:59am

CRC Tests

Test	Status	Time
COMP	Pass	11:59am
CAL	Pass	11:59am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

	H Instrument Location Acden
Instrument Ser	- act i will best And Ad all
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures wer Department of	the 10 day of September, 20 15 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

PITT AYDEN PD 730

Serial Number: 008666 Test Date: 09/16/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: GUARD, KELLY G

Permit Number: 12955E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST AIR BLK SUB TEST	Pass .00 .08 .00 .00 .00	8:55am 8:55am 8:56am 8:57am 8:57am 8:58am 9:00am
AIR BLK	.00	9:01am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PITT AYDEN PD 730

Serial Number: 008666

Test Record Number: 842

Test Date: 09/16/2015

Test Time: 9:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	9:02am 9:02am
FLO FC	Pass	9:02am

Temperature Tests

Test	Status	Time
FC1	Pass	9:02am
SRC	Pass	9:02am
DET	Pass	9:02am
BAR	Pass	9:02am
BT	Pass	9:02am

Blank Tests

Test	Status	Time
AIR	Pass	9:03am

Printer Tests

Test	Status	Time
PRNT	Pass	9:03am

CRC Tests

Test	Status	Time
COMP	Pass	9:03am
CAL	Pass	9:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

0	INTOXIMETERS, MODEL INTOX EC/IR II
County +	11/2 Instrument Location POIX County SU
Instrument Se	rial No. 008832 46 Word St. Columbus
<u> </u>	
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	n the day of day of 20 the forgoing preventive maintenance are performed on the instrument indicated above, in accordance with current regulations of the N.C. Flealth and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	Signature of Certifying Official Certificate Number

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Tes

Test Record Number: 1234

Test Date: 09/08/2015

Test Time: 3:27pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:28pm
FLO	Pass	3:28pm
FC	Pass	3:28pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:28pm
SRC	Pass	3:28pm
DET	Pass	3:28pm
BAR	Pass	3:28pm
BT	Pass	3:28pm

Blank Tests

Test	Status	Time
AIR	Pass	3:29pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:29pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	3:29pm 3:29pm

Preventive Maintenance Status: Pass

Analyst

POLK COUNTY POLK COUNTY SD 740

Serial Number: 008832 Test Date: 09/08/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	3:32pm
AIR BLK	.00	3:33pm
ACCY CHK	.07	3:33pm
AIR BLK	.00	3:34pm
SUB TEST	.00	3:35pm
AIR BLK	.00	3:36pm
SUB TEST	.00	3:37pm
AIR BLK	.00	3:38pm

Reported AC: . 20 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Serial No. 008701 Serial No. 008701 Serial No. 008701	ISTURIE'S OP
The preventi	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at less are:	east once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator th 34 degrees, plus or minus .2 degree centigrade;	ermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
`10.	Verify that the ethanol gas canister is being changed before expiration date, or the ale simulator solution is being changed every four months or after 125 Alcoholic Breath whichever occurs first.	coholic breath Simulator tests,
Department	were performed on the instrument indicated above, in accordance with current regulations of Health and Human Services, and the instrument is functioning properly.	tive maintenance of the N ₁ C.
ONE STAIN SO. II	Stat Russell 3	7/ ate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701 Test Date: 09/28/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	3:13pm 3:14pm 3:15pm 3:15pm
SUB TEST	.00	3:16pm
AIR BLK	.00	3:17pm
SUB TEST	.00	3:19pm
AIR BLK	.00	3:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008701

Test Record Number: 1066

Test Date: 09/28/2015

Test Time: 3:28pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:29pm
FLO	Pass	3:29pm
FC	Pass	3:29pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:29pm
SRC	Pass	3:29pm
DET	Pass	3:29pm
BAR	Pas s	3:29pm
\mathtt{BT}	Pass	3:29pm

Blank Tests

Test	Status	Time
AIR	Pass	3:30pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:30pm
	CRC Tests	
Test	Status	Time

COMP	Pass	3:30pm
CAL	Pass	3:30pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. /	
County/	SICHMOND Instrument Location RICHMOND Co. MASISTRATE
Instrument Se	erial No. 008840 ROKINSHAM NC
The preventive four months a	re maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures we	on the 28 day of SEPTEMBER, 20 15 the forgoing preventive maintenance ere performed on the instrument indicated above, in accordance with current regulations of the N.C. f Health and Human Services, and the instrument is functioning properly.
STATE OF THE STATE	Signature of Certifying Official Certificate Number

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840 Test Date: 09/28/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	3:09pm 3:09pm
ACCY CHK	.07	3:10pm
AIR BLK	.00	3:11pm
SUB TEST	.00	3:12pm
AIR BLK	.00	3:13pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm

Reported_AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

RICHMOND COUNTY RICHMOND CO. MAG OFF 760

Serial Number: 008840

Test Record Number: 1710

Test Date: 09/28/2015

Test Time: 3:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:17pm
FLO	Pass	3:17pm
FC	Pass	3:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:18pm
SRC	Pass	3:18pm
DET	Pass	3:18pm
BAR	Pass	3:18pm
\mathtt{BT}	Pass	3:18pm

Blank Tests

Test	Status	Time

AIR Pass 3:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:18pm

CRC Tests

Test	Status	Time
COMP	Pass	3:18pm
CAL	Pass	3:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	/ INTOXIMETERS	, MODEL INTOX EC/IR	
County/	/ <03880N	Instrument Location ROBESON	Co. JAIL
Instrument Se	erial No <i>__\O\S\S\OS</i>	LUMBERTON NC	
The preventive four months a	ve maintenance procedures for the Intox are:	imeters, Model Intox EC/IR II to be fo	llowed at least once every
1	Verify the ethanol gas canister disp 34 degrees, plus or minus .2 degree	plays pressure, or the alcoholic breath se centigrade;	imulator thermometer show
2.	Verify instrument displays time and	d date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;	<i></i>	
6.	When "PLEASE BLOW" appears,	, collect breath sample;	
7.	When "PLEASE BLOW" appears,	collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.		is being changed before expiration date levery four months or after 125 Alcoho	
	on the <u>25</u> day of <u>599</u> ere performed on the instrument indicate of Health and Human Services, and the in		
STATE OF THE STATE	S CAROLINA CONTRACTOR OF THE PARTY OF THE PA	7/) 10	Z-41
	Signatur	e of Certifying Official	Certificate Number

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805 Test Date: 09/25/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H

Permit Number: 6108E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:58pm 2:59pm
ACCY CHK	.07	3:00pm
AIR BLK	.00	3:01pm
SUB TEST	.00	3:02pm
AIR BLK	.00	3:02pm
SUB TEST	.00	3:04pm
AIR BLK	.00	3:05pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services Rev. 12/2007

ROBESON COUNTY LUMBERTON, LEC 770

Serial Number: 008805

Test Record Number: 3367

Test Date: 09/25/2015

Test Time: 3:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:15pm
FLO	Pass	3:15pm
FC	Pass	3:16pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:16pm
SRC	Pass	3:16pm
DET	Pass	3:16pm
BAR	Pass	3:16pm
BT	Pass	3:16pm

Blank Tests

Test	Status	Time
AIR	Pass	3:16pm

Printer Tests

rest	Status	Time
PRNT	Pass	3:16pm

CRC Tests

Test	Status	Time
COMP	Pass	3:16pm
CAL	Pass	3:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	SESON Instrument Locati	on ROBESON CS. JAIL	_
Instrument Se	erial No. <u>DD 8836 LUMBE</u>	270N, NO	_
The preventive four months a	ve maintenance procedures for the Intoximeters, Model In	tox EC/IR II to be followed at least once every	
1.	Verify the ethanol gas canister displays pressure, or t 34 degrees, plus or minus .2 degree centigrade;	he alcoholic breath simulator thermometer show	V
2.	Verify instrument displays time and date;		
3.	Initiate breath test sequence;		
4.	Enter information as prompted;	•	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, collect breath san	n ple ;	
7.	When "PLEASE BLOW" appears, collect breath san	nple;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is being changed is simulator solution is being changed every four month whichever occurs first.		7
	on theday of		!
THE STATE OF THE S	TO THE CARD IN THE	LC 371 Certificate Number	

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836 Test Date: 09/25/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911 Subject's Sex: Male

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: RUSSELL, LARRY H
Permit Number: 6108E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513103 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	2:53pm 2:54pm 2:55pm 2:55pm 2:56pm
AIR BLK SUB TEST AIR BLK	.00 .00	2:57pm 2:59pm 2:59pm
		2.32

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROBESON COUNTY LUMBERTON, LEC. 770

Serial Number: 008836

Test Record Number: 3661

Test Date: 09/25/2015

Test Time: 3:00pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	3:01pm
FLO	Pass	3:01pm
FC	Pass	3:01pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:01pm
SRC	Pass	3:01pm
DET	Pass	3:01pm
BAR	Pass	3:01pm
BT	Pass	3:01pm

Blank Tests

Test	Status	Time
AIR	Pass	3:02pm

Printer Tests

Test	Status	Time
PRNT	Pass	3:02pm
	CRC Tests	
Test	Status	Time
COMP	Pass	3:02pm

Preventive Maintenance Status: Pass

CAL

Analyst

Pass 3:02pm

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMET	TERS, MODEL INTOX FO	/IR II
County Koch	Kingham	Instrument Location <u> </u>	Vison Police
Instrument Ser	al No. <u>00 8802</u>	Depa	artment.
·			
The preventive four months are	•	ne Intoximeters, Model Intox EC/IR II to	be followed at least once every
1,	Verify the ethanol gas canis 34 degrees, plus or minus .2	ster displays pressure, or the alcoholic br degree centigrade;	eath simulator thermometer show
2.	Verify instrument displays t	time and date;	
3.	Initiate breath test sequence	\$	
4.	Enter information as promp	ted;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	appears, collect breath sample;	
7.	When "PLEASE BLOW" a	appears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program;	and	•
	simulator solution is being of whichever occurs first. the day of	canister is being changed before expiration changed every four months or after 125 And the instrument is functioning properly	Alcoholic Breath Simulator tests, forgoing preventive maintenance rent regulations of the N.C.
O'THE STATE OF THE	Solve	Signature of Certifying Official	Certificate Number

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Date: 09/17/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male ver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG335201 Exp Date: 12/18/2015

Test	g/210L	Time
DIAG	Pass	1:02pm
AIR BLK	.00	1:03pm
ACCY CHK	.07	1:03pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:05pm
AIR BLK	.00	1:06pm
SUB TEST	.00	1:08pm
AIR BLK	,.00	1:09pm

Reported AC: _.00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY MADISON PD 780

Serial Number: 008802 Test Record Number: 664 Test Date: 09/17/2015

Test Time: 1:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:10pm 1:10pm
FC	Pass	1:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:10pm
SRC	Pass	1:10pm
DET	Pass	1:10pm
BAR	Pass	1:10pm
BT	Pass	1:10pm

Blank Tests

Test	Status	Time
AIR	Pass	1:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:11pm
	CRC Tests	
Test	Status	Time

TCBC D	a	
	ass ass	1:11pm 1:11pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· ·	INTOXIMETERS, MODEL INTOX EC/IR II
County Ko	CKINGLAM. Instrument Location Ede N
Instrument Seria	aino.008636 Police Department
The preventive r	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 8 day of Septembee, 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OTH STATE OF N	The state of the s

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636 Test Date: 09/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: DEAN, L K Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	2:23pm 2:24pm
ACCY CHK	.07	2:24pm
AIR BLK	.00	2:25pm
SUB TEST	.00	2:26pm
AIR BLK	.00	2:27pm
SUB TEST	.00	2:28pm
ATR BLK	. 00	2:29pm

Reported AC:

Court CVR

ROCKINGHAM COUNTY EDEN PD 780

Serial Number: 008636

Test Record Number: 1565

Test Date: 09/08/2015

Test Time: 2:30pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:31pm
FLO	Pass	2:31pm
FC	Pass	2:31pm

Temperature Tests

Status	Time
Pass	2:31pm
	Pass Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	2:32pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:32pm

CRC Tests

Test	Status	Time
COMP	Pass	2:32pm
CAL	Pass	2:32pm

Preventive Maintenance Status: Pass

· · · · · · · · · · · · · · · · · · ·	INTOXIMETERS, MODEL INTOX EC/IR II
County C	ockingham Instrument Location Hockingham Co Vail
Instrument Seri	ial No. 008796 Wentworth, NC.
·	
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
. 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on procedures were Department of I	the <u>B</u> day of <u>September</u> , 20/5 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796 Test Date: 09/08/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: DEAN, L K

Permit Number: 11598E

Effective:

05/01/2015-05/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	1:26pm 1:27pm 1:28pm 1:29pm
SUB TEST AIR BLK	.00	1:29pm 1:30pm
SUB TEST AIR BLK	.00	1:32pm 1:33pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

ROCKINGHAM COUNTY ROCKINGHAM CO JAIL 780

Serial Number: 008796

Test Record Number: 1996

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:33pm
FLO	Pass	1:34pm
FC	Pass	1:34pm

Temperature Tests

Test	Status	Time
FC1	Pass Pass	1:34pm 1:34pm
SRC DET	Pass Pass	1:34pm
BAR	Pass	1:34pm
BT	Pass	1:34pm

Blank Tests

Test	Status	Time
AIR	Pass	1:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:35pm

CRC Tests

Test	Status	Time
COMP	Pass	1:35pm
CAL	Pass	1:35pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	wherford Instrument Location Rutherford County S.
Instrument Se	erial No. 008914 400 N. Washington St. Retherfoodton
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
• 1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10. :	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on the day of day of 20100000000000000000000000000000000000
STATE OF WAY 20, 179	Morrison 656

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Record Number: 1656 Test Date: 09/08/2015 Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
\mathtt{BT}	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

Analyst /

RUTHERFORD COUNTY RUTHERFORD COUNTY SD 800

Serial Number: 008914 Test Date: 09/08/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HAYS, MARK D
Permit Number: 15924E
Effective:
01/01/2014-01/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:14pm
ACCY CHE	.07	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:17pm
AIR BLK	.00	2:18pm
SUB TEST	.00	2:19pm
AIR BLK	.00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

		TERS, MODEL INTOX E	· · · · · · · · · · · · · · · · · · ·
County	Sampson	Instrument Location	mpson Con.
Instrument S	erial No. <u>00882</u> <u></u>	Sheriff.	5 0/2.24
The prevention four months		e Intoximeters, Model Intox EC/IR II to	o be followed at least once every
1.	Verify the ethanol gas canis 34 degrees, plus or minus .2	ter displays pressure, or the alcoholic b degree centigrade;	reath simulator thermometer show
2.	Verify instrument displays t	ime and date;	
3.	Initiate breath test sequence	;	
4.	Enter information as prompt	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" a	ppears, collect breath sample;	
7.	When "PLEASE BLOW" a	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program;	and	
10.		anister is being changed before expirati hanged every four months or after 125	
	ere performed on the instrument i	hdicated above, in accordance with cur d the instrument is functioning properly	
STATE OF STA	S NOW CAROLL		- 103 lin 1975
* ESSE QUAM VID		la Farley	655
	Si	gnature of Certifying Official	Certificate Number

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Date: 09/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .07 .00	12:06pm 12:08pm 12:09pm 12:10pm 12:10pm
AIR BLK	.00	12:11pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court EVR

Analyst

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

SAMPSON COUNTY SAMPSON CO SD 810

Serial Number: 008825 Test Record Number: 2026
Test Date: 09/24/2015 Test Time: 12:17pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:17pm
FLO	Pass	12:17pm
FC	Pass	12:17pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:17pm
SRC	Pass	12:17pm
DET	Pass	12:17pm
BAR	Pass	12:17pm
\mathtt{BT}	Pass	12:17pm

Blank Tests

Test	Status	Time
AIR	Pass	12:18pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:18pm

CRC Tests

Test	Status	Time
COMP	Pass	12:18pm
CAL	Pass	12:18pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

· ·	INTOXIMETERS, MODEL INTOX EC/IR II
County	ampson Instrument Location Sampson Con
Instrument Ser	rial No. 008877 Sheriff's Office
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 22 nd day of Sex Jew 102, 20 / the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	No CAROUNT CAR
Williams State	Signature of Certifying Official Certificate Number
<i>I</i>	Signature of Certifying Official Certificate Number

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 09/22/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: FARLEY, CYNTHIA D

Permit Number: 24123E

Effective:

11/01/2014-11/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	5:04pm 5:05pm 5:06pm
ACCY CHK	.08	5:07pm
SUB TEST AIR BLK	.00 .00	5:07pm 5:08pm
SUB TEST AIR BLK	.00	5:10pm 5:11pm

Reported AC: .00 g/210L

Signature of Chemical Analy

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

Forensic Tests for Alcohol Branch

Department of Health and Human Services

Rev. 12/2007

SAMPSON COUNTY SAMPSON COUNTY SD 810

Serial Number: 008877 Test Date: 09/22/2015 Test Record Number: 2034
Test Time: 5:14pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	5:14pm
FLO	Pass	5:14pm
FC	Pass	5:14pm

Temperature Tests

Test	Status	Time
FC1	Pass	5:15pm
SRC	Pass	5:15pm
DET	Pass	5:15pm
BAR	Pass	5:15pm
BT	Pass	5:15pm

Blank Tests

Test	Status	Time
ΣΤD	Dagg	5 · 15 pm

Printer Tests

Test	Status	Time
PRNT	Pass	5:15pm
	CRC Tests	

Test	Status	Time
COMP	Pass	5:15pm
CAL	Pass	5:15pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County C	Thoras Instrument Location Bat Mobile Unit
Instrument Ser	ial No. DOS9ag Scotland Co So
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10. ₁₁	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 3 day of 1000 the Control of the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929 Test Date: 09/03/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	8:44pm
AIR BLK	.00	8:45pm
ACCY CHK	.07	8:46pm
AIR BLK	.00	8:47pm
SUB TEST	.00	8:47pm
AIR BLK	.00	8:48pm
SUB TEST	.00	8:50pm
AIR BLK	.00	8:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Malyst Skynny

SCOTLAND COUNTY BAT MOBILE UNIT 2 820

Serial Number: 008929 Test Date: 09/03/2015

Test Record Number: 918 Test Time: 8:52pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	8:53pm
FLO	Pass	8:53pm
FC	Pass	8:53pm

Temperature Tests

Test	Status	Time
FC1	Pass	8:53pm
SRC	Pass	8:53pm
DET	Pass	8;53pm
BAR	Pass	8:53pm
BT	Pass	8:53pm

Blank Tests

Test Status Time

AIR Pass 8:54pm

Printer Tests

Test Status Time
PRNT Pass 8:54pm

CRC Tests

Test Status Time

COMP Pass 8:54pm
CAL Pass 8:54pm

Preventive Maintenance Status: Pass

Donya B Stynning Analysi

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County Su	RRY	Instrument Location M	ount Airy
Instrument Serial	No. <u>008943</u>	RI	ice Department
			•
The preventive ma	uintenance procedures for the Int	oximeters, Model Intox EC/IR	II to be followed at least once every
	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr		ic breath simulator thermometer show
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	rs, collect breath sample;	·
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
			iration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	e day of or day	ated above, in accordance with	
OF THE STATE OF A OF THE STATE OF THE STATE OF A OF THE STATE OF TH	CAROL		Contificate Number

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Date: 09/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	9:42am
AIR BLK	.00	9:43am
ACCY CHK	.08	9:44am
AIR BLK	.00	9:45am
SUB TEST	.00	9:45am
AIR BLK	.00	9:46am
SUB TEST	.00	9:48am
ATR BLK	.00	9:49am

Reported AC: .00 q/2101

Signature of Chemigal Analyst

Court CVR

SURRY COUNTY MOUNT AIRY PD 850

Serial Number: 008943 Test Record Number: 1764

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:50am
FLO	Pass	9:50am
FC	Pass	9:50am

Temperature Tests

Test	Status	Time
FC1	Pass	9:50am
SRC	Pass	9:50am
DET	Pass	9:50am
BAR	Pass	9:50am
\mathtt{BT}	Pass	9:50am

Blank Tests

Test	Status	Time
ATR	Pass	9:51am

Printer Tests

Test	Status	Time
PRNT	Pass	9:51am

CRC Tests

Test	Status	Time
COMP	Pass	9:51am
CAL	Pass	9:51am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County/	urcy Instrument Location Plat Mountain
Instrument Ser	rial No. 008938 Police Department
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the
TOTAL STATE OF THE	

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/18/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201 Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	10:55am
AIR BLK	.00	10:55am
ACCY CHK	.07	10:56am
AIR BLK	.00	10:57am
SUB TEST	.00	10:58am
AIR BLK	.00	10:59am
SUB TEST	.00	11:00am
AIR BLK	.00	11:01am

Reported AC:

.00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

This form is used when performing Preventive Maintenance procedures

SURRY COUNTY PILOT MOUNTAIN PD 850

Serial Number: 008938 Test Date: 09/18/2015 Test Record Number: 525
Test Time: 11:02am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	11:02am
FLO	Pass	11:02am
FC	Pass	11:02am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	11:03am 11:03am 11:03am 11:03am 11:03am

Blank Tests

Test	Status	Time
AIR	Pass	11:03am

Printer Tests

Test	Status	Time
PRNT	Pass	11:03am

CRC Tests

Test	Status	Time
COMP	Pass	11:03am
CAL	Pass	11:03am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

and the second	INTUXIN	ILIERS, MODEL IN 102	
County Ju	rcy	Instrument Location_5	irmy County Jail
Instrument Seri	/ ial No. <u>00893</u>	American American	Dotson, N.C.
The preventive four months are	-	for the Intoximeters, Model Intox EC/I	R II to be followed at least once every
1.		canister displays pressure, or the alcoh nus .2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument disp	lays time and date;	
3.	Initiate breath test sequ	uence;	
4.	Enter information as p	rompted;	
5.	Verify instrument accu	uracy;	
6.	When "PLEASE BLO	W" appears, collect breath sample;	
7.	When "PLEASE BLO	W" appears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Prog	gram; and	
10.			xpiration date, or the alcoholic breath r 125 Alcoholic Breath Simulator tests,
I certify that on procedures wer Department of I	e performed on the instru	ment indicated above, in accordance wees, and the instrument is functioning process.	_ the forgoing preventive maintenance ith current regulations of the N.C. roperly.
THE STATE OF THE S	Source Carolina Carol	Signature of Certifying Official	Certificate Number

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934 Test Date: 09/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: BENFIELD II, KENNETH R

Permit Number: 22067E

Effective:

09/01/2014-09/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513101 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .07	2:07pm 2:08pm 2:08pm 2:09pm
SUB TEST AIR BLK	.00	2:10pm 2:11pm
SUB TEST AIR BLK	.00 .00	2:12pm 2:13pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

SURRY COUNTY SURRY CO JAIL 850

Serial Number: 008934

Test Record Number: 1538

Test Date: 09/21/2015

Test Time: 2:15pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	2:15pm 2:15pm
FC	Pass	2:15pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:15pm
SRC	Pass	2:15pm
DET	Pass	2:15pm
BAR	Pass	2:15pm
\mathtt{BT}	Pass	2:15pm

Blank Tests

Test	Status	Time
AIR	Pass	2:16pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:16pm

CRC Tests

Test	Status	Time
COMP	Pass	2:16pm
CAL	Pass	2:16pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 5	wonn	Instrument Location Chr	roker Tribal Det	
Instrument S	erial No. <u>008782</u>	Cherokee,	VC	
The preventi	ve maintenance procedures for the Intare:	toximeters, Model Intox EC/IR	II to be followed at least once every	
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg		c breath simulator thermometer show	
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5.	Verify instrument accuracy;	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;		
7.	When "PLEASE BLOW" appea	ars, collect breath sample;		
8.	Print test record;			
9.	Verify Diagnostic Program; and			
10.	Verify that the ethanol gas canisi simulator solution is being chang whichever occurs first.	ter is being changed before expiged every four months or after 1	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,	
I certify that procedures w Department of	on the <u>Z</u> day of <u>S</u> ere performed on the instrument indic of Health and Human Services, and th	cated above, in accordance with e instrument is functioning prop	the forgoing preventive maintenance current regulations of the N.C. perly.	
TATAL MAN TO THE TATAL THE	SACOLINA OLIVINA OLIVI	R. Cuth	435	
		ture of Certifying Official	Certificate Number	

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 09/24/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R

Permit Number: 8457E

Effective:

09/01/2015-09/01/2017

Officer's Name: NONE,

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902

Exp Date: 03/20/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00 .00	11:45am 11:46am 11:46am 11:47am 11:48am
AIR BLK	.00	11:49am
SUB TEST	.00	11:50am
AIR BLK	.00	11:51am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

SWAIN COUNTY CHEROKEE DETENTION 860

Serial Number: 008782 Test Date: 09/24/2015

Test Record Number: 906
Test Time: 11:52am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	11:52am 11:52am
FC	Pass	11:52am

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	11:52am 11:52am 11:52am 11:52am 11:52am
	LODD	LL. JZKI

Blank Tests

Test	Status	Time
AIR	Pass	11:53am

Printer Tests

Status

Time

11:53am

Test

CAL

PRNT	Pass	11:53am
÷	CRC Tests	
Test	Status	Time
COMP	Pass	11:53am

Preventive Maintenance Status: Pass

Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County 1	rial No. 008820 Brevard, NC	vlugnia Co. Jai
Instrument Se	rial No. <u>008820</u> Brevard, NC	· · · · · · · · · · · · · · · · · · ·
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to re:	be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic bre 34 degrees, plus or minus .2 degree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiratio simulator solution is being changed every four months or after 125 A whichever occurs first.	lcoholic Breath Simulator tests,
procedures we	the 30 day of 5 P + t m b + t, 20 15 the free performed on the instrument indicated above, in accordance with current Health and Human Services, and the instrument is functioning properly.	ent regulations of the N.C.
THE STATE OF THE COLUMN 20. 170	A CAROLLI	
APRIL 12, 17 th APRIL 12, 17 t	Signature of Certifying Official	Certificate Number
	Signature of Certifying Official	Certificate Number

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

> Serial Number: 008820 Test Date: 09/30/2015

Citation Number: M000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911
Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: CUTLER, DANIEL R
Permit Number: 8157E
Effective:
09/01/2015-09/01/2017

Officer's Name: NONE, NONE
Type of Agency: FIR
Agency: DHHS
Test Type: Breath Test

Lot Number: AG411202 Exp Date: 04/22/2016

Test	g/210L	Time
DIAG	Pass	10:45am
AIR BLK	.00	10:46am
ACCY CHK	. 07	1.0:47am
AIR BLK	. 00	10:48am
SUB TEST	0.0	10:48am
AIR BLK	.00	10:49am
SUB TEST	.00	10:51am
AIR BLK	.00	10:52am

Reported AC: .00 g/210b

Signature of Chemical Analyst

Court CVR

Daif R. Cuth

TRANSYLVANIA COUNTY TRANSYLVANIA CO JAIL 870

Serial Number: 008820

Test Record Number: 917

Test Date: 09/30/2015

Test Time: 10:54am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:54am
FLO	Pass	10:54am
FC	Pass	10:54am

Temperature Tests -

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass Pass	10:54am 10:54am 10:54am 10:54am 10:54am

Blank Tests

Test	Status	Time
AIR	Pass	10:55am

Printer Tests

Test

Status

PRNT	Pass	10:55am
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	10:55am 10:55am

Time

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	VAKE Co. Instrument Location WAKE Co. Determine Center
Instrument Ser	rial No. 008577 3301 Hammond Rd Raleigh, NC
The preventive four months ar	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 24 day of 50 the forgoing preventive maintenance reperformed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
STATE OF STA	NORTH CAROLLINA
A SUP QUAM VIDER	(54

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577 Test Date: 09/24/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK	Pass	1:44pm 1:45pm
ACCY CHK	.07	1:46pm
AIR BLK	.00	1:47pm
SUB TEST	.00	1:48pm
AIR BLK	.00	1:48pm
SUB TEST	.00	1:50pm
AIR BLK	.00	1:51pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008577

Test Record Number: 1622

Test Date: 09/24/2015

Test Time: 1:51pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	1:52pm
FLO	Pass	1:52pm
FC	Pass	1:52pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:52pm
SRC	Pass	1:52pm
DET	Pass	1:52pm
BAR	Pass	1:52pm
BT	Pass	1:52pm

Blank Tests

Test	Status	Time
AIR	Pass	1:53pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:53pm

CRC Tests

Test	Status	Time
COMP	Pass	1:53pm
CAL	Pass	1:53pm

Preventive Maintenance Status: Pass

-Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Instrument Location Bat Mobile Unit
Instrument Serial No. 1873/	Garner PD
The preventive maintenance procedures for four months are:	the Intoximeters, Model Intox EC/IR II to be followed at least once every
1. Verify the ethanol gas can 34 degrees, plus or minus	ister displays pressure, or the alcoholic breath simulator thermometer shows .2 degree centigrade;
2. Verify instrument displays	time and date;
3. Initiate breath test sequence	e;
4. Enter information as prom	pted;
5. Verify instrument accuracy	<i>y</i> ;
6. When "PLEASE BLOW"	appears, collect breath sample;
7. When "PLEASE BLOW"	appears, collect breath sample;
8. Print test record;	
9. Verify Diagnostic Program	; and
10. Verify that the ethanol gas simulator solution is being whichever occurs first.	canister is being changed before expiration date, or the alcoholic breath changed every four months or after 125 Alcoholic Breath Simulator tests,
I certify that on the day of procedures were performed on the instrument Department of Health and Human Services, a	the forgoing preventive maintenance tindicated above, in accordance with current regulations of the N.C. and the instrument is functioning properly.
COUNT STATE OF NO PLANT OF THE STATE OF THE	7 - Laull

A signed original of the preventive maintenance record shall be kept on file for at least three years.

Signature of Certifying Official

Certificate Number

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736 Test Date: 09/10/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B

Permit Number: 13651E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG409709 Exp Date: 04/07/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:51pm 10:52pm 10:53pm 10:53pm 10:54pm
AIR BLK	.00	10:55pm
SUB TEST	.00	10:56pm
AIR BLK	.00	10:57pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Onya B Skyny

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008736

Test Record Number: 772

Test Date: 09/10/2015

Test Time: 10:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:59pm
FLO	Pass	10:59pm
FC	Pass	10:59pm

Temperature Tests

	Time
Pass Pass	10:59pm 10:59pm
Pass	10:59pm
Pass Pass	10:59pm 10:59pm
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	11:00pm

Printer Tests

Test	Status	Time
PRNT	Pass	11:00pm
	CRC Tests	
Test	Status	Time

Test	Status	Time
COMP	Pass	11:00pm
CAL	Pass	11:00pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County (atre	Instrument Location Bot	Mobile Unita
Instrument Seri	ial No. <u>008601</u>	Garner PD	
The preventive four months are		ntoximeters, Model Intox EC/IR II to	be followed at least once every
1.	Verify the ethanol gas canister 34 degrees, plus or minus .2 de	displays pressure, or the alcoholic br gree centigrade;	eath simulator thermometer shows
2.	Verify instrument displays time	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appe	ears, collect breath sample;	
7.	When "PLEASE BLOW" appe	ars, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and	T .	
10.		ster is being changed before expiration ged every four months or after 125 A	
	e performed on the instrument indi	cated above, in accordance with current is functioning properly	rent regulations of the N.C.
OF THE STATE OF TH	CAROLINI CAROLINI		- -
COTE QUAM VIDEN	JONYO	B SKunnen ature of Certifying Official	Certificate Number

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601 Test Date: 09/10/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911
Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:08pm 10:09pm 10:09pm 10:10pm
AIR BLK	.00	10:11pm
SUB TEST	.00	10:13pm
AIR BLK	.00	10:14pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B Skunin Analysi

WAKE COUNTY BATMOBILE UNIT 2 910

Serial Number: 008601 Test Record Number: 1109 Test Date: 09/10/2015

Test Time: 10:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:19pm 10:19pm
FC	Pass	10:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	10:19pm
SRC	Pass	10:19pm
DET	Pass	10:19pm
BAR	Pass	10:19pm
BT	Pass	10:19pm

Blank Tests

Test	Status	Time
AIR	Pass	10:20pm

Printer Tests

Test	Status	Time
PRNT	Pass	10:20pm

CRC Tests

rest	Status	TIME
COMP	Pass	10:20pm
CAL	Pass	10:20pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX EC/IX II
County (N)	ake Instrument Location Bat Mobile Unit 2
Instrument Ser	ial NO 8939 Garner 70
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every e:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	the 10 day of 70 day of 20 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF ALL STATE OF ANY 10 OF	Donya B Strongs Coy V

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929 Test Date: 09/10/2015

Citation Number: M0000000-0
Subject's Name:
PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Female
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SKINNER, TONYA B
Permit Number: 13651E
Effective:
08/01/2015-08/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG	Pass	10:01pm
AIR BLK	0.0	10:02pm
ACCY CHK	. 07	10:03pm
AIR BLK	.00	10:04pm
SUB TEST	.00	10:04pm
AIR BLK	_ 0.0	1.0:05pm
SUB TEST	.00	10:07pm
AIR BLK	.00	10։08բm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Donya B. Kn

WAKE COUNTY BAT MOBILE UNIT 2 910

Serial Number: 008929 Test Date: 09/10/2015

Test Record Number: 923
Test Time: 10:10pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:10pm
FLO	Pass	10:10pm
FC	Pass	10:10pm

Temperature Tests

Test	Status	Time
FC1 SRC DET BAR BT	Pass Pass Pass Pass	10:10pm 10:10pm 10:10pm 10:10pm 10:10pm

Blank Tests

Test.	Status	Time
AIR	Pass	10:11pm

Printer Tests

Test	Status	Time
FRNT	Pass	10:11pm
	CRC Tests	
Test	Status	Time
COMP	Pass	10:11pm

Preventive Maintenance Status: Pass

Pass

10:11pm

CAL

Donya B Skynn

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	•	strument Location Rale 's A	
Instrument Ser	rial No. <u>008623</u> <u>53</u>	228 GLEEN'S DAIRY	Rd. Raleigh, MC
The preventive four months ar	e maintenance procedures for the Intoxin	neters, Model Intox EC/IR II to be	e followed at least once every
1.	Verify the ethanol gas canister displa 34 degrees, plus or minus .2 degree c	ys pressure, or the alcoholic brea entigrade;	th simulator thermometer shows
2.	Verify instrument displays time and o	late;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, c	ollect breath sample;	
7.	When "PLEASE BLOW" appears, c	ollect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is simulator solution is being changed e whichever occurs first.		
I certify that or procedures wer Department of	n theday ofb re performed on the instrument indicated Health and Human Services, and the ins	above, in accordance with currer trument is functioning properly.	rgoing preventive maintenance nt regulations of the N.C.
OTH STATE OF THE OTHER PROPERTY OTHER PROPERTY OTHER PROPERTY OF THE OTHER PROPERTY OTHE	CAROLINA DE LA CAROLI		654
- Tomas	Signature	of Certifying Official	Certificate Number

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Date: 09/09/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	9:32am
AIR BLK	.00	9:33am
ACCY CHK	.08	9:34am
AIR BLK	.00	9:35am
SUB TEST	.00	9:36am
AIR BLK	.00	9:37am
SUB TEST	.00	9:38am
ATR BLK	. 0.0	9:39am

Reported AC; .90 g/21

ignature of Chemical Analyst

Court CVR

WAKE COUNTY NORTH EAST DISTRICT 910

Serial Number: 008623 Test Record Number: 3113
Test Date: 09/09/2015 Test Time: 9:40am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:40am
FLO	Pass	9:40am
FC	Pass	9:41am

Temperature Tests

Test	Status	Time
FC1	Pass	9:41am
SRC	Pass	9:41am
DET	Pass	9:41am
BAR	Pass	9:41am
BT	Pass	9:41am

Blank Tests

Test	Status	Time
AIR	Pass	9:41am

Printer Tests

Test	Status	Time
PRNT	Pass	9:41am

CRC Tests

Test	Status	Time
COMP	Pass	9:42am
CAL	Pass	9:42am

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

7	INTOXIMETERS, MODEL INTOX EC/IR II
County	Ake Co. Instrument Location WAke Forces, R.D.
Instrument Seria	1 No. 008700 225 S. TAYLOR ST NAKE FORREST,
The preventive i	naintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that on to procedures were Department of H	the day of <u>Septembers</u> , 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. lealth and Human Services, and the instrument is functioning properly.
OF CHAN VIDE A	Signature of Certifying Official Certificate Number

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Date: 09/09/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:40am 10:41am 10:42am
AIR BLK SUB TEST	.00	10:43am 10:43am
AIR BLK	.00	10:44am
SUB TEST AIR BLK	.00 .00	10:46am 10:47am

-Reported AC: .00/g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY WAKE FOREST PD 910

Serial Number: 008700 Test Record Number: 968
Test Date: 09/09/2015 Test Time: 10:48am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	10:48am 10:48am
FC	Pass	10:48am

Temperature Tests

Test	Status	Time
FC1	Pass	10:48am
SRC	Pass	10:48am
DET	Pass	10:48am
BAR	Pass	10:48am
BT	Pass	10:48am

Blank Tests

Test	Status	Time
AIR	Pass	10:49am

Printer Tests

lest	Status	TIME
PRNT	Pass	10:49am
	CRC Tests	
Test	Status	Time
COMP	Pass	10:49am

Preventive Maintenance Status: Pass

Pass

10:49am

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR I

* .	INTOXIMETERS, MODEL INTOX EC/IR II
County	WAKE Co. Instrument Location WAKE Co. Determine Center
Instrumen	t Serial No. DO8873 3301 Hammond Id. falsigh, NC
1	
The preve	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every hs are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify the procedure Departme	that on the
COREAL SELECTION OF SELECTION O	CAROLINIA DE LA CAROLINIA DE L

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Date: 09/15/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK SUB TEST	Pass .00 .08 .00	10:21am 10:22am 10:23am 10:24am
AIR BLK	.00	10:25am
SUB TEST	.00	10:27am
AIR BLK	.00	10:28am

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008873 Test Record Number: 1232 Test Date: 09/15/2015 Test Time: 10:29am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:29am
FLO	Pass	10:29am
FC	Pass	10:29am

Temperature Tests

Test	Status	Time
FC1	Pass	10:29am
SRC	Pass	10:29am
\mathtt{DET}	Pass	10:29am
BAR	Pass	10:29am
BT	Pass	10:29am

Blank Tests

rest	Status	TIME
AIR	Pass	10:30am

Printer Tests

Test	Status	Time
PRNT	Pass	10:30am

CRC Tests

Test	Status	Time
COMP	Pass	10:30am
CAL	Pass	10:30am

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETE:	KS, MODEL I	NION ECIN	
County WAKE	Cosenity	Instrument Locat	ion/Nake Co.I	Westion Center
Instrument Serial No.	108924	3301 How	umond let	Raloigh, HC
The preventive mainter four months are:	nance procedures for the In	toximeters, Model In	ntox EC/IR II to be for	ollowed at least once every
	fy the ethanol gas canister of egrees, plus or minus .2 deg		the alcoholic breath	simulator thermometer show
2. Verif	fy instrument displays time	and date;		·
3. Initia	ite breath test sequence;			
4. Enter	information as prompted;			
5. Verif	fy instrument accuracy;			
6. When	n "PLEASE BLOW" appe	ars, collect breath sa	mple;	
7. When	n "PLEASE BLOW" appe	ars, collect breath sa	mple;	
8. Print	test record;			
9. Verif	y Diagnostic Program; and	I		
simu	ly that the ethanol gas canis lator solution is being chan hever occurs first.	ster is being changed ged every four mont	before expiration da hs or after 125 Alcoh	te, or the alcoholic breath nolic Breath Simulator tests,
I certify that on the procedures were perfor Department of Health a	day of <u>Sol</u> med on the instrument indi and Human Services, and th	cated above, in acco	rdance with current r	oing preventive maintenance regulations of the N.C.
THE STATE OF NO PHYSICAL PROPERTY OF THE STATE OF NO PHYSICAL PHYS	Signi	ature of Certifying O	fficial	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Date: 09/15/2015

Citation Number: M0000000-0
Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: ,
Permit Number:
Effective:
00/00/0000-00/00/0000

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517402 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00	10:18am 10:19am 10:19am
ACCI CHR	.00	10:19am
SUB TEST	.00	10:21am
AIR BLK	.00	10:22am
SUB TEST	.00	10:24am
AIR BLK	.00	10:25am

Reported AC: .0

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Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008924 Test Record Number: 1181 Test Date: 09/15/2015 Test Time: 10:26am EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	10:26am
FLO	Pass	10:26am
FC	Pass	10:26am

Temperature Tests

Test	Status	Time
FC1	Pass	10:26am
SRC	Pass	10:26am
DET	Pass	10:26am
BAR	Pass	10:26am
BT	Pass	10:26am

Blank Tests

Test	Status	Time
AIR	Pass	10:27am

Printer Tests

Test	Status	Time
PRNT	Pass	10:27am

CRC Tests

Test	Status	Time
COMP	Pass	10:27am
CAL	Pass	10:27am

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County /	VAKE Instrument Location FOT MOBILE La, T
Instrument Se	erial No. 008972 Instrument Location FAT MOBILE La, T. 7
The preventive four months a	ve maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that of procedures we Department of	on the
STATE OF THE STATE	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Record Number: 135 Test Date: 09/11/2015 Test Time: 9:32pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:33pm
FLO	Pass	9:33pm
FC	Pass	9:33pm

Temperature Tests

Status	Time
Pass	9:33pm
	Pass Pass Pass

Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:34pm
•	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:34pm 9:34pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008972 Test Date: 09/11/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:18pm 9:19pm
ACCY CHK	.08	9:19pm
AIR BLK	.00	9:20pm
SUB TEST	.00	9:21pm
AIR BLK	.00	9:22pm
SUB TEST	.00	9:24pm
AIR BLK	.00	9:25pm

Reperted AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II.

County	UARE	Instrument Location_	13A MO	BILE WIT
Instrument Ser	ial No. <u>1708969</u>		Hollys	paintes
The preventive four months ar	maintenance procedures for the Inte:	oximeters, Model Intox I	EC/IR II to be follow	wed at least once every
1.	Verify the ethanol gas canister d 34 degrees, plus or minus .2 deg	isplays pressure, or the a ree centigrade;	lcoholic breath simu	lator thermometer shows
2.	Verify instrument displays time	and date;		
3.	Initiate breath test sequence;			
4.	Enter information as prompted;			
5,	Verify instrument accuracy;			
6.	When "PLEASE BLOW" appear	ars, collect breath sample	;	
7.	When "PLEASE BLOW" appear	ars, collect breath sample	;	
8.	Print test record;	•		* .
9.	Verify Diagnostic Program; and			•
10.	Verify that the ethanol gas canis simulator solution is being chang whichever occurs first.	ter is being changed befo ged every four months or	ore expiration date, or after 125 Alcoholic	r the alcoholic breath Breath Simulator tests,
I certify that or procedures we Department of	theday of re performed on the instrument indi Health and Human Services, and th	cated above, in accordance instrument is functioning	ce with current regu	preventive maintenance lations of the N.C.
OF ESTATE OF THE STATE OF THE S	Noting Section 1	ature of Certifying Officia	<u></u>	656 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Record Number: 109 Test Date: 09/11/2015 Test Time: 9:23pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:24pm
FLO	Pass	9:24pm
FC	Pass	9:24pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:24pm
SRC	Pass	9:24pm
DET	Pass	9:24pm
BAR	Pass	9:24pm
BT	Pass	9:24pm

Blank Tests

Test	Status	Time
AIR	Pass	9:25pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:25pm
	CRC Tests	
Teat	Status	Time

Test	Status	Time
COMP	Pass	9:25pm
CAL	Pass	9:25pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008969 Test Date: 09/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: *Male*Driver's License State: *XX*Driver's License Number: *NONE*

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	9:13pm
AIR BLK	.00	9:14pm
ACCY CHK	.08	9:15pm
AIR BLK	.00	9:16pm
SUB TEST	.00	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:19pm
ATR BLK	.00	9:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	WARE	Instrument Location But Work	ite Carty
Instrument	t Serial No. <u>089.70</u>	Holly S	PRINES
The prever		oximeters, Model Intox EC/IR II to be fol	lowed at least once every
1.	Verify the ethanol gas canister di 34 degrees, plus or minus .2 degr	isplays pressure, or the alcoholic breath si ree centigrade;	mulator thermometer shows
2.	Verify instrument displays time a	and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appea	ars, collect breath sample;	
7.	When "PLEASE BLOW" appea	rs, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canist simulator solution is being chang whichever occurs first.	er is being changed before expiration date ged every four months or after 125 Alcoho	e, or the alcoholic breath lic Breath Simulator tests,
I certify the procedures Departmen	at on theday ofs were performed on the instrument indicate of Health and Human Services, and the	the forgoing the forgoing acted above, in accordance with current relegions in the forgoing properly.	ng preventive maintenance gulations of the N.C.
E B B B B B B B B B B B B B B B B B B B	J.C.	ture of Certifying Official	636 Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 09/11/2015

Test Record Number: 80 Test Time: 9:50pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:51pm
FLO	Pass	9:51pm
FC	Pass	9:51pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:51pm
SRC	Pass	9:51pm
DET	Pass	9:51pm
BAR	Pass	9:51pm
BT	Pass	9:51pm

Blank Tests

Test	Status	Time
AIR	Pass	9:52pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:52pm
	CRC Tests	
Test	Status	Time
COMP CAL	Pass Pass	9:52pm 9:52pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008970 Test Date: 09/11/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G
Permit Number: 9372E
Effective:
07/01/2015-07/01/2017

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:36pm 9:37pm
ACCY CHK	.08	9:38pm
AIR BLK	.00	9:39pm
SUB TEST	.00	9:40pm
AIR BLK	.00	9:41pm
SUB TEST	.00	9:42pm
AIR BLK	.00	9:43pm

Reported AC: .00 g/210I

Signature of Chemical Analyst

Court CVR

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location Bot Mobile Livit
Instrument S	Serial No. 508968 Holly Springs
The preventi	ive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
	on theday of
THE STATE OF THE S	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968

Test Record Number: 98

Test Date: 09/11/2015 Test Time: 9:25pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:25pm
FLO	Pass	9:25pm
FC	Pass	9:25pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:25pm
SRC	Pass	9:25pm
DET	Pass	9:25pm
BAR	Pass	9:25pm
BT	Pass	9:25pm

Blank Tests

Test	Status	Time
AIR	Pass	9:26pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:26pm

CRC Tests

Test	Status	Time
COMP	Pass	9:26pm
CAL	Pass	9:26pm

Preventive Maintenance Status: Pass

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008968 Test Date: 09/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male Driver's License State: XX Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG AIR BLK	Pass	9:15pm 9:16pm
ACCY CHK	.07	9:17pm
AIR BLK	.00	9:18pm
SUB TEST	.00	9:18pm
AIR BLK	.00	9:19pm
SUB TEST	.00	9:20pm
AIR BLK	.00	9:21pm

.00 g/210<u>L</u> Reported AC:

of Chemical Anal√st

Court CVR

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	Wake Instrument Location Bat Mobile In, The
Instrument	t Serial No. COS97/ Holly Spaines
The prever	ntive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every as are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify tha procedures Department	at on theday of
OS PARTY OF THE PA	Signature of Certifying Official Certificate Number

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971

Test Record Number: 80

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	9:34pm
FLO	Pass	9:34pm
FC	Pass	9:34pm

Temperature Tests

Test	Status	Time
FC1	Pass	9:34pm
SRC	Pass	9:34pm
DET	Pass	9:34pm
BAR	Pass	9:34pm
BT	Pass	9:34pm

Blank Tests

Test	Status	Time
AIR	Pass	9:34pm

Printer Tests

Test	Status	Time
PRNT	Pass	9:35pm

CRC Tests

Test	Status	Time
COMP	Pass	9:35pm
CAL	Pass	9:35pm

Preventive Maintenance Status: Pass

Analyst

WAKE COUNTY BAT MOBILE UNIT 7 910

Serial Number: 008971 Test Date: 09/11/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: MORGART, STEPHEN G

Permit Number: 9372E

Effective:

07/01/2015-07/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS
Test Type: Breath Test

Lot Number: AG425303 Exp Date: 10/10/2016

Test	g/210L	Time
DIAG	Pass	9:22pm
AIR BLK	.00	9:23pm
ACCY CHK	.08	9:24pm
AIR BLK	.00	9:24pm
SUB TEST	.00	9:25pm
AIR BLK	.00	9:26pm
SUB TEST	.00	9:29pm
AIR BLK	.00	9:30pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

This form is used when performing Preventive Maintenance procedures
Forensic Tests for Alcohol Branch
Department of Health and Human Services

Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

. *.	INTOXIMETI	ERS, MODEL INTOX	
County (1)	Ake Co	_ Instrument Location (Jak	e Co Detartion Center
Instrument Ser	rial No. <u>008 1/18</u>	3201 Hammond	URD Roleigh MC
			·
The preventive four months as	-	Intoximeters, Model Intox EC/IR I	I to be followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d		c breath simulator thermometer show
2.	Verify instrument displays tin	ne and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted	d;	
5.	Verify instrument accuracy;	·	
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		•
9.	Verify Diagnostic Program; a	nd	
10.		nister is being changed before expir anged every four months or after 12	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
	re performed on the instrument in	dicated above, in accordance with the instrument is functioning prop	
OF THE STATE OF MAY 20, 1775	NON		•
APRIL 12, THE			man from the second
THE CHANGE	V.	The same of the sa	The concessor
	Sig	nature of Certifying Official	Certificate Number

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Date: 09/02/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE
Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS

Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	'l'ıme
DIAG AIR BLK ACCY CHK	Pass .00 .08	12:09pm 12:10pm 12:11pm
AIR BLK	.00	12:12pm
SUB TEST	.00	12:13pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:15pm
AIR BLK	.00	12:16pm

Reported AC: 00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008778 Test Record Number: 1817

System Check: Passed

Baseline Tests

Test	Status	Time
IŘ	Pass	12:18pm
FLO	Pass	12:18pm
FC	Pass	12:18pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:18pm
SRC	Pass	12:18pm
DET	Pass	12:18pm
BAR	Pass	12:18pm
BT	Pass	12:18pm

Blank Tests

Test	Status	Time
AIR	Pass	12:19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:19pm

CRC Tests

Test	Status	Time
COMP	Pass	12:19pm
CAL	Pass	12:19pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County(Wake Co. Instrument Location Wake Co Detertion Contes
Instrument	Serial No. 058612 3301 Hammond Rd Raleigh, MC
The preven	tive maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every s are:
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer show 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
I certify that procedures Department	t on theday of, 20, 20, the forgoing preventive maintenance were performed on the instrument/indicated above, in accordance with current regulations of the N.C. of Health and Human Services, and the instrument is functioning properly.
THE STATE OF THE S	

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Date: 09/02/2015

Citation Number: M0000000-0 Subject's Name: PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C
Permit Number: 7682E
Effective:
02/01/2014-02/01/2016

Officer's Name: NONE, NONE
Type of Agency: FTA
Agency: DHHS
Test Type: Breath Test

Lot Number: AG517403 Exp Date: 06/23/2017

Test	g/210L	Time
DIAG AIR BLK ACCY CHK	Pass .00 .07	12:10pm 12:11pm 12:12pm
AIR BLK	.00	12:13pm
SUB TEST	.00	12:14pm
AIR BLK	.00	12:15pm
SUB TEST	.00	12:16pm
AIR BLK	.00	12:17pm

Reported AC: .80 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY DETENTION CENTER 910

Serial Number: 008612 Test Record Number: 2268
Test Date: 09/02/2015 Test Time: 12:18pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:19pm
FLO	Pass	12:19pm
FC	Pass	12:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:19pm
SRC	Pass	12:19pm
DET	Pass	12:19pm
BAR	Pass	12:19pm
BT ·	Pass	12:19pm

Blank Tests

Test	Status	Time
ATR	Pass	12·19pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:20pm

CRC Tests

Test	Status	Time
COMP	Pass	12:20pm
CAL	Pass	12:20pm

Preventive Maintenance

Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, M	ODEL INTOX EC/II	K II
County	Wake Co. Instru	ument Location Afty	PD
Instrument S	erial No. <u>00 8587</u> <u>120</u>	Wilkinson AVE	CARY, XIC.
The preventi four months	we maintenance procedures for the Intoximeterare:	ers, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas canister displays 34 degrees, plus or minus .2 degree cent		simulator thermometer show
2.	Verify instrument displays time and date	;	
3.	Initiate breath test sequence;		
4.	Enter information as prompted;		
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" appears, colle	ect breath sample;	
7.	When "PLEASE BLOW" appears, colle	ect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; and		
10.	Verify that the ethanol gas canister is be simulator solution is being changed ever whichever occurs first.	ing changed before expiration d y four months or after 125 Alco	ate, or the alcoholic breath sholic Breath Simulator tests,
I certify that procedures we Department of	on the day of	ove, in accordance with current ment is functioning properly.	soing preventive maintenance regulations of the N.C.
THE STATE OF THE S			654
	Signature of C	Certifying Official	Certificate Number

A signed original of the preventive maintenance record shall be kept on file for at least three years.

421

WAKE COUNTY CARY PD 910

Serial Number: 008587 Test Date: 09/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 04/20/2017

Test	g/210L	Time
DIAG	Pass	12:50pm
AIR BLK	.00	12:51pm
ACCY CHK	.08	12:52pm
AIR BLK	.00	12:53pm
SUB TEST	.00	12:53pm
AIR BLK	.00	12:54pm
SUB TEST	.00	12:56pm
AIR BLK	.00	12:57pm

Reported AC

08 4/2101.

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY CARY PD 910

Serial Number: 008587

Test Record Number: 3080

Test Date: 09/21/2015

Test Time: 12:58pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:58pm
FLO	Pass	12:58pm
FC	Pass	12:59pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:59pm
SRC	Pass	12:59pm
DET	Pass	12:59pm
BAR	Pass	12:59pm
BT	Pass	12:59pm

Blank Tests

Test	Status	Time

AIR Pass 12:59pm

Printer Tests

Test	Status	Time	

PRNT Pass 12:59pm

CRC Tests

Test	Status	Time
COMP	Dagg	12.59pm

Pass 12:59pm CALPass 12:59pm

Preventive Maintenance Status: Pass

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX, EC/IR II

·	INTOXIMETERS, MODEL INTOX	
County	NAKE Co., Instrument Location KA	ight Dale P.S.
Instrument Se	rial No. 008638 949 Steeple	Square CT. Knighton
The preventive four months a	e maintenance procedures for the Intoximeters, Model Intox EC/II	R II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcohol 34 degrees, plus or minus .2 degree centigrade;	olic breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before ex simulator solution is being changed every four months or after whichever occurs first.	piration date, or the alcoholic breath 125 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on the	_ the forgoing preventive maintenance th current regulations of the N.C. operly.
THE STATE IN THE S	TO CAROLINA	154
	Signature of Certifying Official	Certificate Number

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Date: 09/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG507902 Exp Date: 03/20/2017

Test	g/210L	Time
DIAG	Pass	1:38pm
AIR BLK	.00	1:39pm
ACCY CHK	.07	1:39pm
AIR BLK	.00	1:40pm
SUB TEST	.00	1:41pm
AIR BLK	.00	1:42pm
SUB TEST	.00	1:43pm
AIR BLK	.00	1:44pm

Reported AG:

00 m/210To

Signature of Chemical Analyst

Court CVR

Analyst

WAKE COUNTY KNIGHTDALE PS 910

Serial Number: 008838 Test Record Number: 1255
Test Date: 09/21/2015 Test Time: 1:47pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	1:48pm 1:48pm
FC	Pass	1:48pm

Temperature Tests

Test	Status	Time
FC1	Pass	1:48pm
SRC	Pass	1:48pm
DET	Pass	1:48pm
BAR	Pass	1:48pm
BT	Pass	1:48pm

Blank Tests

Test	Status	Time
AIR	Pass	1:49pm

Printer Tests

Test	Status	Time
PRNT	Pass	1:49pm

CRC Tests

Test	Status	Time
COMP	Pass	1:49pm
CAL	Pass	1:49pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

	INTOXIMETERS, MODEL INTOX E	A
County_/	Jake Ca. Instrument Location APS	X P.D.S. #4
Instrument Ser	rial No. <u>10862</u> <u>1615 F</u> Will	liams ST Apex, N
The preventive four months as	e maintenance procedures for the Intoximeters, Model Intox EC/IR II	I to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic 34 degrees, plus or minus .2 degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expir simulator solution is being changed every four months or after 12 whichever occurs first.	ration date, or the alcoholic breath 25 Alcoholic Breath Simulator tests,
I certify that o procedures we Department of	on theday of	
THE STATE OF THE YEAR 20, 1775	ONCONTRACTOR OF THE PROPERTY O	
	CAROUN .	
* ESSE QUAM VID		654
	Signature of Certifying Official	Certificate Number

WAKE COUNTY APEX PD Serial Number: 008621

Test Date: 09/21/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX

Driver's License Number: NONE

Analyst's Name: KEESLER, GRAYHAM C

Permit Number: 7682E

Effective:

02/01/2014-02/01/2016

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG434201

Exp Date: 12/08/2016

Test	g/210L	Time
DIAG	Pass	12:01pm
AIR BLK	.00	12:02pm
ACCY CHK	.08	12:03pm
AIR BLK	.00	12:04pm
SUB TEST	.00	12:04pm
AIR BLK	.00	12:05pm
SUB TEST	.00	12:07pm
AIR BLK	.00	12:08pm

Reported Ag: .00 g/2101

Signature of Chemical Analyst

Court CVR

WAKE COUNTY APEX PD

Serial Number: 008621 Test Record Number: 1939
Test Date: 09/21/2015 Test Time: 12:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	12:09pm
FLO	Pass	12:09pm
FC	Pass	12:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:10pm
SRC	Pass	12:10pm
DET	Pass	12:10pm
BAR	Pass	12:10pm
BT	Pass	12:10pm

Blank Tests

Test	Status	Time
AIR	Pass	12:10pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:10pm

CRC Tests

Test	Status	Time
COMP	Pass	12:11pm
CAL	Pass	12:11pm

Preventive Maintenance Status: Pass

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

ı	INTUATIVE LERS, WIODEL INTUA EC/IR II
County WA	REN Instrument Location WARREN CO. LEC
Instrument Seri	al No. 008793 128 RAFTERS LN WARRENTON, N
The preventive four months are	maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer shows 34 degrees, plus or minus .2 degree centigrade;
2.	Verify instrument displays time and date;
3.	Initiate breath test sequence;
4.	Enter information as prompted;
5.	Verify instrument accuracy;
6.	When "PLEASE BLOW" appears, collect breath sample;
7.	When "PLEASE BLOW" appears, collect breath sample;
8.	Print test record;
9.	Verify Diagnostic Program; and
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests, whichever occurs first.
procedures wer	the 29 day of SEPTEMISIEW, 20 / 5 the forgoing preventive maintenance e performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.
OF THE STATE OF	
A SER QUAM VIDEN	Signature of Certifying Official Certificate Number

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG513102 Exp Date: 05/11/2017

Test	g/210L	Time
DIAG	Pass	3:56pm
AIR BLK	.00	3:58pm
ACCY CHK	.07	3:58pm
AIR BLK	.00	3:59pm
SUB TEST	.00	3:59pm
AIR BLK	.00	4:00pm
SUB TEST	.00	4:02pm
AIR BLK	.00	4:03pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY WARREN COUNTY JAIL 920

Serial Number: 008793

Test Record Number: 905

Test Date: 09/29/2015

Test Time: 4:04pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	4:05pm
FLO	Pass	4:05pm
FC	Pass	4:05pm

Temperature Tests

Test	Status	Time
FC1	Pass	4:05pm
SRC	Pass	4:05pm
DET	Pass	4:05pm
BAR	Pass	4:05pm
BT	Pass	4:05pm

Blank Tests

Test	Status	Time
AIR	Pass	4:05pm

Printer Tests

Test	Status	Time
PRNT	Pass	4:05pm
•	CRC Tests	
Test	Status	Time

4:06pm

4:06pm

Preventive Maintenance Status: Pass

Pass

Pass

COMP

CAL

Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ERS, MODEL INTOX	
County /	JARREN	Instrument Location No. 2	LIMA PD _
Instrument	Serial No. <u>008945</u>	101-MAIN ST.	NORCINA, NC
The prevent	ive maintenance procedures for the	e Intoximeters, Model Intox EC/IR II	to be followed at least once every
1.	Verify the ethanol gas canisto 34 degrees, plus or minus .2	er displays pressure, or the alcoholic degree centigrade;	breath simulator thermometer show
2.	Verify instrument displays til	me and date;	
3.	Initiate breath test sequence;		
4.	Enter information as prompte	ed;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" ap	opears, collect-breath sample;	
7.	When "PLEASE BLOW" ap	ppears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; a	and	
10.	Verify that the ethanol gas ca simulator solution is being ch whichever occurs first.	anister is being changed before expir nanged every four months or after 12	ation date, or the alcoholic breath 5 Alcoholic Breath Simulator tests,
I certify that procedures Department	t on the day of were performed on the instrument i of Health and Human Services, and	ndicated above, in accordance with a d the instrument is functioning prope	he forgoing preventive maintenance current regulations of the N.C. orly.
STAN STAN STAN STAN STAN STAN STAN STAN	- Hammad/	anature of Certifying Official	Certificate Number

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945 Test Date: 09/29/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: SMITH, BRIAN D

Permit Number: 8937E

Effective:

08/01/2015-08/01/2017

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210Ļ	Time
DIAG	Pass	3:11pm
AIR BLK	.00	3:12pm
ACCY CHK	.08	3:12pm
AIR BLK	.00 ,	3:14pm
SUB TEST	.00	3:14pm
AIR BLK	.00	3:15pm
SUB TEST	.00	3:17pm
AIR BLK	.00	3:17pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

WARREN COUNTY NORLINA POLICE DEPT 920

Serial Number: 008945

Test Record Number: 294

Test Date: 09/29/2015

Test Time: 3:19pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	3:19pm 3:19pm
FC	Pass	3:19pm

Temperature Tests

Test	Status	Time
FC1	Pass	3:19pm
SRC	Pass	3:19pm
DET	Pass	3:19pm
BAR	Pass	3:19pm
\mathtt{BT}	Pass	3:19pm

Blank Tests

Test	Status	Time
AIR	Pass	3:20pm

Printer Tests

Status	Time
Pass	3:20pm
CRC Tests	
Status	Time
	Pass CRC Tests

3:20pm Pass Preventive Maintenance Status: Pass

Pass

3:20pm

This form is used when performing Preventive Maintenance procedures

COMP

CAL

Forensic Tests for Alcohol Branch Department of Health and Human Services Rev. 12/2007

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

County	leveland Instrument Location Cleveland County 5D-A	ŦΝ
Instrument Ser	rial No. 008887 407 McBrayer Street, Shel	h
The preventive four months are	e maintenance procedures for the Intoximeters, Model Intox EC/IR II to be followed at least once every re:	,
1.	Verify the ethanol gas canister displays pressure, or the alcoholic breath simulator thermometer sho 34 degrees, plus or minus .2 degree centigrade;	ws
2.	Verify instrument displays time and date;	
3.	Initiate breath test sequence;	
4.	Enter information as prompted;	
5.	Verify instrument accuracy;	
6.	When "PLEASE BLOW" appears, collect breath sample;	
7.	When "PLEASE BLOW" appears, collect breath sample;	
8.	Print test record;	
9.	Verify Diagnostic Program; and	
10.	Verify that the ethanol gas canister is being changed before expiration date, or the alcoholic breath simulator solution is being changed every four months or after 125 Alcoholic Breath Simulator tests whichever occurs first.	i,
	the <u>3814</u> day of <u>Sentember</u> , 20 15 the forgoing preventive maintenance performed on the instrument indicated above, in accordance with current regulations of the N.C. Health and Human Services, and the instrument is functioning properly.	е
THE STATE OF THE S	Signature of Certifying Official Certificate Number	

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887 Test Date: 09/28/2015

Citation Number: M0000000-0 Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male

Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA Agency: DHHS

Test Type: Breath Test

Lot Number: AG517501 Exp Date: 06/24/2017

Test	g/210L	Time
DIAG	Pass	2:14pm
AIR BLK	.00	2:14pm
ACCY CHK	.08	2:15pm
AIR BLK	.00	2:16pm
SUB TEST	.00	2:16pm
AIR BLK	.00	2:17pm
SUB TEST	.00	2:19pm
ATR BLK	. 00	2:20pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

CLEVELAND COUNTY CLEVELAND SD-ANNEX 220

Serial Number: 008887

Test Record Number: 2070

Test Date: 09/28/2015

Test Time: 2:09pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR	Pass	2:10pm
FLO	Pass	2:10pm
FC	Pass	2:10pm

Temperature Tests

Test	Status	Time
FC1	Pass	2:10pm
SRC	Pass	2:10pm
DET	Pass	2:10pm
BAR	Pass	2:10pm
BT	Pass	2:10pm

Blank Tests

Test	Status	Time
AIR	Pass	2:11pm

Printer Tests

Test	Status	Time
PRNT	Pass	2:11pm
	CRC Tests	

Test	Status	Time
COMP	Pass	2:11pm
CAL	Pass	2:11pm

Preventive Maintenance Status: Pass

2 Huli Analyst

PREVENTIVE MAINTENANCE RECORD INTOXIMETERS, MODEL INTOX EC/IR II

		ens, Model Intox EC/1	
County	aston	Instrument Location Gasto	n County SD
Instrument Se	rial No. <u>008684</u>	Instrument Location Gasto	. Street, Gaste
The preventive four months as		Intoximeters, Model Intox EC/IR II to be	followed at least once every
1.	Verify the ethanol gas caniste 34 degrees, plus or minus .2 d	r displays pressure, or the alcoholic breatlegree centigrade;	simulator thermometer show
2.	Verify instrument displays tin	ne and date;	•
3.	Initiate breath test sequence;		
4.	Enter information as prompted	i;	
5.	Verify instrument accuracy;		
6.	When "PLEASE BLOW" app	pears, collect breath sample;	
7.	When "PLEASE BLOW" app	pears, collect breath sample;	
8.	Print test record;		
9.	Verify Diagnostic Program; ar	nd ·	
10.		nister is being changed before expiration d langed every four months or after 125 Alco	
I certify that or procedures were Department of	n the <u>a 844</u> day of <u>Sef</u> re performed on the instrument in Health and Human Services, and	the forg dicated above, in accordance with current the instrument is functioning properly.	oing preventive maintenance regulations of the N.C.
TEST CLIAM WINDS	TORROWS Sign	Hadd- nature of Certifying Official	650

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684 Test Date: 09/28/2015

Citation Number: M0000000-0

Subject's Name:

PREVENTIVE, MAINTENANCE

Subject's Date of Birth: 11/11/1911

Subject's Sex: Male
Driver's License State: XX
Driver's License Number: NONE

Analyst's Name: HUTCHINSON, JOSEPH E

Permit Number: 19951E

Effective:

10/01/2013-10/01/2015

Officer's Name: NONE, NONE

Type of Agency: FTA

Agency: DHHS

Test Type: Breath Test

Lot Number: AG425303 Exp Date: 09/10/2016

Test	g/210L	Time
DIAG AIR BLK ACCY CHK AIR BLK	Pass .00 .08	1:01pm 1:02pm 1:03pm 1:04pm
SUB TEST	.00	1:04pm
AIR BLK	.00	1:05pm
SUB TEST	.00	1:08pm
AIR BLK	.00	1:09pm

Reported AC: .00 g/210L

Signature of Chemical Analyst

Court CVR

Analyst

GASTON COUNTY GASTON COUNTY SD 350

Serial Number: 008684

Test Record Number: 2992

Test Date: 09/28/2015

Test Time: 12:54pm EDT

System Check: Passed

Baseline Tests

Test	Status	Time
IR FLO	Pass Pass	12:54pm 12:54pm
FC	Pass	12:54pm

Temperature Tests

Test	Status	Time
FC1	Pass	12:55pm
SRC	Pass	12:55pm
DET	Pass	12:55pm
BAR	Pass	12:55pm
BT	Pass	12:55pm

Blank Tests

Test	Status	Time
AIR	Pass	12:55pm

Printer Tests

Test	Status	Time
PRNT	Pass	12:55pm
	CRC Tests	
Test	Status	Time
COMP	Pass	12:56pm

12:56pm

Preventive Maintenance Status: Pass

Pass

CAL

Analyst